

Social Work
Year Book
1960

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SOCIAL WORK YEAR BOOK

1960

A Description of Organized
Activities in Social Work
and in Related Fields

Fourteenth Issue

Editor

RUSSELL H. KURTZ

NEW YORK

NATIONAL ASSOCIATION OF SOCIAL WORKERS

1960

SOCIAL WORK YEAR BOOK

1960

A Description of Organized
Activities in Social Work
and in Related Fields

Foreword by

Editor

RUSSELL W. HARTZ

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FOREWORD

THIS, the fourteenth edition of the *Social Work Year Book*, is the second to be published under the auspices of the National Association of Social Workers. The Association was formed in 1955 as successor to seven professional organizations. One of these, the American Association of Social Workers, had published the eleventh and twelfth editions of the *Year Book*, in 1951 and 1954, after assuming responsibility for the volume from Russell Sage Foundation, originator of the series and publisher of the first ten issues (1929-1949). The editorship of the successive editions has been as follows: Fred S. Hall, 1929, 1933, 1935; Russell H. Kurtz, 1937, 1939, 1941, 1943, 1945, 1947; Margaret B. Hodges, 1949, 1951; and Mr. Kurtz, 1954, 1957, 1960.

From the beginning, the *Social Work Year Book* has been recognized as an invaluable resource by social work practitioners, administrators, and teachers, as well as by members of allied professions. Its publication was assumed by the National Association of Social Workers in the firm conviction that it would prove to be a notable addition to the Association's publications program and to the services which it offers to its members and to the field of social work.

Over the course of nearly forty years, in which the membership organizations have been seeking to raise the quality of social work practice, publications have been one of their most important instruments. The National Association of Social Workers is continuing in this tradition. It publishes *Social Work*, a quarterly journal; *NASW News*; and *Personnel Information*. Its publications program also includes books, pamphlets, reports of commission and committee studies, and deliberations and reprints of significant materials. The *Social Work Year Book*, an up-to-date encyclopedia on social welfare problems and practice written by outstanding leaders in the field, constitutes a significant title in the Association's program.

The Advisory Committee, whose membership is listed in the fore part of this volume, represents many aspects of the total social welfare enterprise in this country. The Association is grateful to the members of this Committee for making available to the editor their valuable counsel on the scope and content of the volume and the selection of contributors.

Foreword

The publication of the *Social Work Year Book 1960* marks a further step in the efforts of the profession to advance the responsible and progressive development of social work.

JOSEPH P. ANDERSON
Executive Director

January 1960

PREFACE

THE *Social Work Year Book 1960*, the second edition to be published by the National Association of Social Workers, follows the familiar pattern of those published earlier by the Association, Russell Sage Foundation, and the American Association of Social Workers.

As in previous volumes, this edition is independent of the others and may thus be consulted without the necessity of referring to earlier issues for background material. It contains three main divisions: PART ONE, consisting of three articles on the development, status, and trends of social work and social security in the United States; PART TWO, containing 68 topical articles written by authorities on the topics discussed; and PART THREE, consisting of four directories of agencies whose programs are integral with or related to the subject matter of PART ONE and PART TWO.

The close relationship existing between social work and other fields, such as health, education, law, religion, and so forth, makes it desirable to include some discussion of parts of these related fields in the *Social Work Year Book*. For the purposes of this volume, activities and agencies are regarded as "related" if their practitioners share with social workers the responsibility for service to a common group of clients, or if their problems and objectives impinge sharply upon the area of social work practice and interest. The article LEGAL AID may be cited as an example of the former type of inclusion; ADULT EDUCATION, of the latter. No attempt has been made to designate articles as belonging to either the social work or the related group. The classification of topical articles found on pages 77-78, however, will serve as a guide to the relatedness of the various aspects of the subject matter of PART TWO.

The topical articles describe organized activities, programs, methods and fields, rather than the work of individual agencies. Their authors have sought to give an up-to-date, cross-section view of each subject, against a brief historical background in each instance. Important developments occurring since the 1957 edition of the *Social Work Year Book* have been emphasized.

Coverage has been restricted to the United States except for two articles, CANADIAN SOCIAL WELFARE and INTERNATIONAL SOCIAL WELFARE.

Preface

The inclusion of an article or the description of a program does not imply endorsement by the *Year Book* or by the National Association of Social Workers. The only test applied has been that of relevance to the scope and purpose of the volume. Contributors have been asked to avoid expressions of personal opinion, and every effort has been made to secure objective treatment of the subject matter.

The *Social Work Year Book* is published for an audience comprising not only social workers and practitioners in related fields but also students of the social sciences, legislators and public administrators, publicists, reference librarians, teachers, agency board members, and other interested persons, whatever their connection with governmental or voluntary social work may be. To the worker in a specialized field the articles should prove helpful in providing information concerning current activities in closely related fields. To the non-professional reader the volume should give a broad basis for a better understanding of social welfare problems and of the programs that have been devised to deal with them.

All authors of topical articles appearing in PART TWO were informed that they might use passages from previous *Social Work Year Book* articles without giving specific credit, and several have availed themselves of this privilege. Acknowledgment of indebtedness to earlier authors for this use of their material is hereby made.

The bibliographies appended to the topical articles contain selected references to the literature of the subject discussed. These lists constitute what is believed to be one of the most up-to-date and extensive bibliographies on social work currently published. Names and addresses of the publishers of the periodicals mentioned in the bibliographies will be found in the APPENDIX—LIST OF PERIODICALS.

PART THREE, DIRECTORIES OF AGENCIES, is in four sections. INTERNATIONAL AGENCIES lists 33 international organizations, both governmental and voluntary, which operate in the broad field of health and welfare; NATIONAL AGENCIES—GOVERNMENTAL includes 65 federal agencies whose functions are within or closely related to the field of social work; NATIONAL AGENCIES—VOLUNTARY contains a list of 337 voluntary organizations in the United States; and CANADIAN AGENCIES includes 40 selected governmental and voluntary Canadian agencies. It should be noted that these directory lists include agencies in related fields whose programs contain significant elements of social work activity or interest. Agencies are listed without endorsement of their programs or standards. Profit-making bodies have not been included, nor agencies financed by such bodies or established primarily to serve their interests, although it is

Preface

recognized that important contributions to social welfare progress have been made by some of these organizations.

A list of the articles will be found in the TABLE OF CONTENTS on pages 5 and 6; and the identification of contributors, on pages 13 to 16. Topical articles and agency directory entries are self-indexed through being arranged alphabetically. The reader who does not immediately find the article or agency he seeks is referred to the INDEX which contains, in alphabetical order, titles of topical articles (under which are listed the agencies whose work is significantly related to the subject in question), various cross-references to these titles, and references to many of the subjects discussed in the topical articles, although a comprehensive index has not been attempted.

The interrelation of topical articles in PART TWO is apparent from the many cross-references found throughout the text of each. To illustrate: the article on COMMUNITY ORGANIZATION FOR SOCIAL WELFARE contains cross-references at appropriate points to COMMUNITY DEVELOPMENT, COMMUNITY WELFARE COUNCILS, CONFERENCES IN SOCIAL WELFARE, NATIONAL ORGANIZATIONS IN SOCIAL WELFARE, RESEARCH IN SOCIAL WORK, SOCIAL CASEWORK, SOCIAL ACTION, STATE AND REGIONAL WELFARE ORGANIZATION, and UNITED FUNDS AND COMMUNITY CHESTS.

Several changes in presentation of the topical article subject matter have been made in this issue. Three new articles are included: COMMUNITY DEVELOPMENT, LABOR AND SOCIAL WELFARE, and NARCOTIC ADDICTION. Four of the articles describe activities which were discussed in the 1957 edition under other titles. Several previously discussed topics have been omitted, but their subject matter has in general been incorporated in other articles.

The three special articles in PART ONE continue a feature first introduced in the 1957 volume, though their content has been considerably changed. The articles THE FIRST TWENTY-FIVE YEARS OF THE SOCIAL SECURITY ACT, 1935-1960, and SOCIAL WORK STATUS AND TRENDS are new in this issue. The article DEVELOPMENT OF SOCIAL WELFARE PROGRAMS IN THE UNITED STATES has been up-dated and otherwise revised.

In planning and compiling this edition of the *Social Work Year Book* the editor has had the help of an Advisory Committee, whose names appear in the fore part of the volume, but the Committee has not been asked to take responsibility either for policies or for the final product. That responsibility has rested solely with the editor. Also, since the editor has delimited the topics upon which the various authors have been asked to write, he shares with them responsibility for the adequacy of the treatment they have been able to achieve within the space allotted. In general, verification has not been attempted in the

Preface

Year Book office of data presented by the various authors in their respective articles.

The editor gratefully acknowledges his indebtedness to all who have assisted in the preparation of the volume. They include the members of the Advisory Committee and other consultants, the contributors of the articles, and the correspondents who have furnished information for PART THREE.

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PART ONE

HISTORY, STATUS, AND TRENDS ARTICLES

HISTORY, STATUS, AND TRENDS ARTICLES

THE DEVELOPMENT OF SOCIAL WELFARE PROGRAMS IN THE UNITED STATES. Our social welfare programs today are an outgrowth of earlier forms of communal activity going back to the Colonial period. Similarly, the profession of the social worker has antecedents not only in the strivings of the social reformers of the past, but in the work of the charity visitors, the almoners, the overseers of the poor, and the keepers and attendants of the orphanages, almshouses, and correctional institutions. Although with the tremendous increases in population, industrial development, and urbanization some social problems have increased while others have diminished, and although the methods used for meeting these problems have been improved, the social welfare programs of today show a strong resemblance to those of the pioneer settlers and their successors.

THE COLONIAL PERIOD

The communal life of the American colonies was essentially a continuation of English laws and folkways, including a mature system of individual and group relationships and responsibilities. The local governments established on the eastern seaboard exercised as much control over the economic and social institutions as does the "welfare state" today. Just emerging from centuries of feudalism, local authority regulated the processes of the various handicrafts, and set prices and production quotas and rules for apprenticeship. It was the function of town governments to regulate all economic life so as to secure the greatest good to their inhabitants.

Most of the community problems confronting the pioneers in the new country were those with which they were familiar in their homelands. There was need to organize for

defense—in this case, against the Indians; there was the hazard of fire which intermittently reduced the early settlements to ashes; the need for community water facilities for the closely built up towns, the need for roads, the need to cope with epidemics and elementary problems of sanitation.

There was also the problem of law and order. The early colonists have been characterized as lusty and earthy individuals whose behavior was not easily restrained. It was a period both here and in Europe of crudeness and moral laxity, intemperance and rowdiness, prostitution and licentiousness, and illegitimacy. Even where the settled groups were largely well behaved, the seaport cities included a floating population of a different character. There were slaves, indentured servants, and unruly apprentices to be restrained, and the "subversives" of the period, the witches, the followers of Satan, and the blasphemers to be uprooted and punished. Watchmen, nightguards, magistrates, and courts were needed to preserve order. (The Massachusetts Colony authorized the erection of a prison as early as 1632.)

Care of the Poor

There was in addition the important task of making provisions for both the disabled and the able-bodied poor. The kinship group assisted relatives to the extent of their ability, and neighbors might give each other a helping hand, but in a period when each family had a desperate struggle for its own livelihood few were in a position to assume substantial responsibility for anyone needing continued help. The care of the "pauper," the term used for those receiving help, was from the outset a government responsibility.

Most economic and welfare functions, including health care and education, were centered in the family. Here the outlook was for

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a better future, but the present was full of hardships, especially for the disabled, the handicapped and the aged, widows with young children, full orphans, broken families surviving epidemics and raids, victims of chronic disease, and the mentally feeble and deranged. There were also the refugees made penniless by Indian raids and massacres, new immigrants without means for beginning their farms or handicrafts, and members of the settled group in temporary distress from crop failures or unemployment.

Early provisions for meeting these conditions of dependency were closely patterned on the Poor Laws of the home country. The experience in England had demonstrated that the relief of dependents must be organized on a community-wide basis and maintained by general taxation; it was not a responsibility that could be assumed intermittently or haphazardly.

"Outdoor" and "Indoor" Relief

Assistance to the poor in their own homes, known as "outdoor relief," was the initial method followed in the growing Colonial towns. (Care in an almshouse was known as "indoor" relief.) Such assistance was usually granted when temporary or partial public support was required by the temporarily unemployed, and by the disabled members of families able to shelter them. The care might include subsidies to heads of families for a disabled or senile parent, for the temporary shelter of refugees, or for building a separate cell or enclosure for a deranged relative.

Placement or boarding out of dependents was utilized both for children and adults. An individual of any age receiving public aid might be indentured or apprenticed, the cost to the community, if any, depending upon the age of and the amount of labor available from the individual. The least desirable aspect of this system of "farming out" involved a public auction of orphaned or neglected children, the totally disabled as well as the partially handicapped, the senile, and the feeble-minded and insane, to those willing to undertake their support at the

lowest cost to the community. Public auctions of the poor were conducted with much fanfare and with alcoholic refreshments for the successful bidders. An alternative system was that of contracting for the support of all of the paupers at a fixed price. This latter method, which continued in some towns until the twentieth century, was perhaps less cruel than the public display of the poor at auctions, but it did not necessarily provide caretakers who were any more charitable or generous in the treatment of their charges.

The first almshouse as a place for the care of the indigent was established in Massachusetts in 1662, and began in 1685 to function both as an almshouse for the disabled and as a workhouse for able-bodied paupers. Although provision for some of the poor in almshouses and workhouses was considered an acceptable form of care, the sparse population and the farming-out systems in use delayed the construction of almshouses in most parts of the country for a century and more.

Education and Health Care

Care of the indigent sick was another early development. Generally this was associated with almshouses. Some of our leading general hospitals of today, such as Bellevue Hospital in New York and the Philadelphia General Hospital, trace their origins to early poorhouses in those cities. The first hospitals were for the poor with physical or mental ailments; for example, the Pennsylvania Hospital, completed in 1756 and planned primarily to house the sick poor, admitted the mentally ill who were confined in the cellar of the building.¹

Only the more prosperous section of the early communities could afford adequate schooling for their children, but there are records of free or charity schools beginning in 1644 in the Boston Latin School, supported in part by a land grant from the town. Education on a charitable basis developed slowly. It took more than two centuries before free public elementary education spread throughout the United States.

¹ See Deutsch, *infra*, pp. 58-65.

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The "Transient"

The increasing dependent population, especially if enlarged by refugees or workless people from other areas, became in time a heavy burden on some communities. Each town would try to protect itself from unwelcome strangers who might become public charges. These might be warned out of the community or disciplined and expelled. The practices of the passing on of transients from one town to the next and their lack of eligibility for economic aid—a condition which was widespread in the eighteenth and nineteenth centuries and is still encountered today—have a very early origin. When local poor relief broke down in some areas during the Revolution because of the large number of war refugees, the State of New York was compelled to come to the assistance of the towns. This was the beginning of the category of "state" or "unsettled" poor—individuals who were not considered as legally resident or chargeable to the town or county in which they had taken up residence.²

Governmental and Voluntary Agencies

While the tasks of caring for the poor and other welfare services could be assigned to the elected officials and other unpaid citizens, the increasing numbers and the growing complexity of the problem began to call for specialization of functions. Soon after the settlement of New Amsterdam several "siek-entroosters," minor ecclesiastical functionaries whose duty was to visit sick persons in their own homes, were sent to the colony.³ Orphan masters were appointed to protect the interests and properties of widows and orphans. In Boston the care of the poor became so onerous that in 1691 the town appointed the first "overseers of the poor."⁴

The arduous life of the early period, with the workday from dawn to dusk, was not conducive to organized voluntary welfare activities. With growing populations and increased wealth and leisure, however, asso-

ciations began to be formed, based on national origins or church affiliation, for the function of charitable aid or mutual benefit. One of the earliest, the Scots Charitable Society of Boston, established in 1657, helped the sick, aided the poor, and provided burial for deceased countrymen. Other groups followed, such as the "Episcopal Charitable Society" of Boston (1724) and the "Charitable Irish Society" in 1737.⁵ The outstanding group with welfare functions in the Colonial period was the Society of Friends in Pennsylvania and other colonies, which initially assumed care for members of its own sect but soon extended its services on a nonsectarian basis.

Poverty and "Pauperism"

The welfare measures for dependent classes during the Colonial period, including those under the auspices of religious bodies, may seem to us to have been far from humane. We must remember, however, that this was a period of rigorous conditions and hardships for the bulk of the population; an age when some human beings were chattel slaves, when harsh discipline was meted out to offenders at public ceremonies. It was a period when the insane, kept in custodial institutions, were exposed for the entertainment of all observers who paid an admission fee. Medical care was primitive and based on superstitious beliefs; aberrations of individual behavior were manifestations of ill-will or demoniacal possession, to be treated by moral persuasion, exorcism, or punishment.

But this was also a period when there was widespread need for labor to develop an unsettled continent. The handicrafts of the time required the possession of skill but of not much capital. Standards of living were simple and attainable for the majority of the population. The opportunities of the frontier served for a long time to mitigate the harshness of the poor relief system for those who were able to strike out for themselves.

Before the establishment of the United States, the foundation of a comprehensive system of welfare services was in operation:

² See Schneider and Deutsch, *infra*.

³ *Ibid.*

⁴ See Bridenbaugh, *infra*, p. 82.

⁵ *Op. cit.*, p. 394.

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outdoor relief, almshouses, orphanages, hospitals, workhouses, prisons, and houses of correction. It was customary for the town government to assume basic welfare and economic responsibilities. For example, "When through rising prices due to grain shortages bread riots broke out in Boston in 1713, the Selectmen made regular purchases of grain which they sold during winter months below market price."⁶

At the same time, in the programs of public aid there was little distinction between the problems of dependency due to physical and mental disabilities and the poverty of the working population inherent in economic factors. Anyone who was in need of help for a shorter or longer period was a pauper irrespective of the reasons. For a long time the lack of a clear distinction between poverty and dependency was to confuse the development of social welfare programs.

FROM THE FEDERAL PERIOD TO THE CIVIL WAR

Following the American Revolution, responsibility for the care of the poor, which had been solely that of the township, was gradually broadened and county and state governments began to develop special institutions for certain classes of dependents.

With many million acres of excellent land open for cultivation, the economy of the United States in the early Federal period continued primarily agricultural, but manufacture and commerce released from English governmental restraints began to expand. Enterprise was rewarded in all areas. Immigrants in increasing numbers and the continuing slave trade provided the additional labor necessary for agricultural and industrial growth. Goods were still largely produced by small units of artisans, but with the development of water power and steam-driven machinery the factory system was beginning, and the development of canals and railroads facilitated the movement and distribution of goods and people. These new factors were dealing a death blow to the village economy

and concentrating commerce, manufacture, and people into larger urban centers.

In spite of the democratic and equalitarian tendencies of the early colonists, harshness toward the "pauper," the idle, and the ne'er-do-well continued as an aspect of the culture of the communities. At the same time, the increasing prosperity and the enlargement of the well-to-do class resulted in greater philanthropic interest and civic consciousness, leading to the growth of voluntary groups and the creation of many new volunteer institutions and agencies to supplement the public functions. Throughout the first half of the nineteenth century, numerous private charitable and relief societies, homes for the aged, orphan homes, hospitals and dispensaries, and other welfare societies were established, under secular or church auspices. From the beginning, many institutions initiated by voluntary groups were assisted by public funds derived from excise and other taxes.

With developing industry and rising land values the well-to-do class began to assume increased responsibility for the exercise of charity on an organized basis. "Charity balls" became social events and fulfilled the double function of a painless method of fund-raising and of providing opportunities for the ostentatious display of newly acquired or inherited wealth. There also arose a special class of men of vast wealth who were the forerunners of the great philanthropists of the twentieth century. The names of several of these have survived in the welfare institutions which they founded and endowed, among them Stephen Girard of Philadelphia (the financier of the War of 1812) and the merchant Isaac Touro of New Orleans. In addition to founding hospitals and orphanages for the poor, philanthropy turned to the establishment of colleges, home and foreign missions, and Bible societies. A unique project was that of African colonization by the return of the slaves.

The tradition of governmental responsibility was to yield slowly to the voluntary system. For example, in 1808 a report to the New York Common Council states "It was considered most . . . equitable to make pro-

⁶ *Op. cit.*, p. 196.

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visions for relief (of the unemployed) through the Corporation (Government of New York City) rather than by soliciting voluntary contributions. In seasons of general calamity and pressure the protection of indigence and misery is a public duty.”⁷

Retrogression in Help to the Poor

Despite the increasing number of voluntary welfare agencies, the first half of the nineteenth century was a period of retrogression for the dependent groups of the population. Many states passed laws to make almshouses mandatory. While the almshouse system did not completely supplant public outdoor relief, it was increasingly considered to be the most suitable as well as the most economical method of extending the community's responsibility to persons in need.

The growing harshness of American relief systems was stimulated by the development of political and social theories abroad as a negative reaction to the ideologies engendered by the French Revolution, culminating in England in 1834 in the Reform of the Poor Law which set up the almshouse as the sole method of public assistance to the poor. Outdoor relief, which was being used to a large extent to supplement the prevailing low wage system, was to be discontinued. Rather than face unemployment when lack of means could be solved only through the workhouse, the laboring population was pressed to accept low wages, long hours, and harsh working conditions. Government abandoned the function of regulating wages, prices, or trade practices. The theory of *laissez faire* became the economic doctrine of the nineteenth century. As part of this doctrine there were stern and punitive measures against labor organization, which was considered as interference with a beneficial economic system. Business enterprise was fostered and encouraged by land grants from the government to the railroad builders, franchises for toll roads and highways, and tariffs to protect the developing industries of the country against foreign competition. There was little foresight or

desire at that time to prevent the low wages, long hours, and arduous and hazardous conditions of work for men, women, and children. These and other requirements of toil were considered as being not too much to sacrifice for the goal of industrial and commercial development.

Early Reform Programs

The Colonial heritage, however, had not only stimulated business enterprise; it also continued to breed idealists and humanitarians whose activities were to be evident in succeeding decades in progressive reforms. In the first half of the nineteenth century, reform efforts were concentrated in the movement to abolish slavery. The northern states early had made slavery illegal; the abolitionists were engaging in ceaseless agitation to bring an end to slavery in the rest of the nation and were defying the law in encouraging and harboring runaway slaves.

Other movements to correct social evils originating during the period that has been called the Jacksonian Era (1829-1841) included the crusade for “women's rights,” greater religious toleration (to counteract the prevalent anti-Catholic attitudes), better treatment of the insane and other unfortunates, and prohibition.

Another interest of the social reformers was in free public education. Nevins and Commager state that in the 1830's “a tremendous battle was being fought for free public schools, nonsectarian, publicly controlled and tax supported. . . . It was a much fiercer battle, in fact, than later generations would suppose. On the one side were ranged democratic and humanitarian men, intelligent workers, Calvinists and Unitarians; on the other side stood men of aristocratic views, penurious conservatives, the Lutheran, Catholic and Quaker supporters of parochial schools, many planters and farmers, and teachers in private schools. After bitter fighting, one by one the states were forced into line.”⁸

The problems of the poor in this period did not go unnoticed, but they attracted little

⁷ Quoted by Lillian Brandt in Report to Research Bureau of New York Welfare Council, 1932.

⁸ See Nevins and Commager, *infra*, pp. 189-190.

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reforming zeal. Low morals and drunkenness were being given the blame for crime, disease, poverty, and many other social ills, and hope for solution was placed on religious education and the temperance movement. The founder of the New York Association for Improving the Condition of the Poor (established in 1841 and now amalgamated with the New York Charity Organization Society as the Community Service Society), Robert M. Hartley, had begun his interest in social reform in the temperance movement and religious education.⁹ Relief and welfare activities in that era were chaotic. Economic depressions, such as the business panic of 1837, were adding many persons to those who were without the means of subsistence. A superfluity of small relief societies, combined with haphazard public relief with its harsh deterrent measures and emphasis on the poorhouse, were encouraging professional beggars.

The early charity reformers wished to separate the "deserving" from the "undeserving" poor and to save the former from the indignities of the almshouse. The "deserving" poor were those who could be "elevated," that is helped toward strengthening their moral fiber and wish for independence (the corresponding term used in social work today would be utilizing and developing "ego strengths"). The AICP, which favored individual and moral aid rather than mass and material relief, organized the city with the aid of hundreds of volunteers ministering to individual families. Later the volunteers were supplemented by paid "agents," and finally paid service largely replaced volunteer effort. While the AICP stressed other forms of help, it soon found that it needed to raise and disburse funds for relief; and it became the prototype of the more advanced type of relief agency, with emphasis on investigation, job finding, friendly visiting, and interest in the housing and health of the poor.¹⁰

But the greatest need for improvement during the nineteenth century came with the increasing use of the almshouse system as the catch-all for dependent children, widows,

the aged, the disabled, the feeble-minded, the insane, vagrants, petty delinquents, and other unfortunates who had become dependent on public support. A statewide survey made in New York in 1824 by J.V.N. Yates, Secretary of State, revealed the shocking conditions in almshouses and outdoor relief, the continuation of the auctioning and contract systems for the care of the poor, and other shortcomings. Schneider and Deutsch state: "After describing the chaos, cruelty and waste arising from prevailing poor-law practice, Yates recommended the establishment of a statewide system of county poorhouses . . ." where the able-bodied would be set to suitable work and the children be given adequate education. New York then enacted a law that all properly certified applicants for relief were to be removed to almshouses unless sickness or infirmity rendered such removal dangerous.¹¹

Specialized Institutions

The first half of the nineteenth century marked the beginning of specialized institutions for dependents, which were a step forward from the almshouse. A House of Refuge for Juvenile Delinquents, the first juvenile reformatory in the country, had been established under voluntary auspices in New York City in 1824, supported in part by state funds.¹² A special school for the "deaf and dumb" was established in Connecticut in 1816 and another in Kentucky in 1822, both of which received federal aid. (These were the only instances of federal aid and were later to be considered as deviations from sound principles of government function.) There were also the beginnings of separate institutions for the insane and the feeble-minded; the "New York Asylum for Idiots," owned and operated by the State, was opened in 1851.¹³ There were also hundreds of separate orphan asylums under voluntary auspices, but almshouses continued as the residence of many children and mental deficients and insane as well as other classes of dependents for many years to come.

⁹ See Devine, *infra*, p. 67.

¹⁰ See Brandt, *infra*.

¹¹ See Schneider and Deutsch, *infra*, p. 6.

¹² *Op. cit.*, p. 7.

¹³ *Op. cit.*, p. 8.

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New England in the 1830's was experiencing a cultural renaissance which produced great literary personalities and stimulated humanitarian and reform movements. Out of this background there emerged Dorothea Lynde Dix who almost singlehandedly in 1841 began a crusade for the improvement of the treatment of the insane and the care of other unfortunates housed in jails and almshouses. She was the forerunner of the social workers of the next hundred years, who were to be concerned with reform. Beginning with Massachusetts and Rhode Island, Dorothea Dix visited scores of state penitentiaries and many hundreds of county jails, almshouses, and other institutions for nearly forty years. After collecting data on the conditions, her method was to try to arouse public interest through articles in the press and reports and petitions to state legislatures. These were calls to action. Her memorial to the Massachusetts legislature, for example, began: "I come to present the strong claims of suffering humanity. I come to place before the Legislature of Massachusetts the condition of the miserable, the desolate, the outcast. I come as the advocate of helpless, forgotten, insane and idiotic men and women—of beings wretched in our prisons, and more wretched in our almshouses . . . to call your attention to the state of insane persons confined in cages, *closets, cellars, stalls, pens: chained, naked, beaten with rods*, and lashed into obedience."¹⁴

The results of her work were the establishment of state hospitals for the insane in the United States and Canada, and improved treatment in county poorhouses and jails. Her most ambitious effort was a six-year struggle to secure federal responsibility for financing the public care of the insane through land-grants to the states. A bill finally passed by both houses of Congress in 1854, which would have made 10,000,000 acres of public land available to the states for the care of the insane, plus an additional 2,225,000 acres for institutes for deaf-mutes, was vetoed by President Franklin Pierce on the ground that the

federal government should not become involved in financial responsibility for any welfare program. If a precedent were to be made for the insane, President Pierce feared that it would establish the principle of federal responsibility for "all the poor in all the States." This veto set a precedent for refusal of federal assistance to the states for welfare programs which was not altered until the 1930's.

The federal government, however, had assumed responsibility for men in military service with the first federal pension act passed in 1776 for disabled veterans. Later, pensions were to be given to veterans for non-service-connected disabilities.

The organization of the "Sanitary Commission" for the relief and comfort of the national soldiers and sailors during the Civil War was the pioneer program which was to be continued during the wars of the twentieth century by the American National Red Cross (organized in 1881), by the War Camp Community Services of the first World War, and by the United Service Organizations during and subsequent to World War II. This Civil War program in which Dorothea Dix was active was first organized by women in New England to supply nurses for the sick and wounded and provisions, clothing, books, newspapers, and other comforts not furnished by the government. "Miss Dix had offered her services gratuitously to the government and had obtained the sanction of the War Department for the organization of military hospitals and furnishing of nurses for them."¹⁵ Voluntary contributions estimated at 5 million dollars in money and 15 million dollars in supplies made it possible for the Sanitary Commission to develop under the sanction of government and the cooperation of the medical department of the Army. Ambulances for the transportation of the sick and the wounded supplied by the Sanitary Commission followed the armies in all campaigns.

During the Civil War many of the states

¹⁵ See the history of the U. S. Sanitary Commission in *Harper's Encyclopedia of U. S. History*, Vol. 8, pp. 50-51.

¹⁴ See Deutsch, *infra*, p. 165.

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found it necessary to spend considerable sums for the relief of the needy families of soldiers. The Civil War led to the establishment of homes for disabled veterans and orphan homes for the children of deceased or disabled soldiers, and subsequently to the system of disability benefits and medical care for veterans.

Another advance made in social welfare methods before 1860 was in the placing out of children. Charles L. Brace, a Protestant clergyman who was the founder of the New York Children's Aid Society, was among the pioneers who were opposed to the institutionalizing of children in orphanages and almshouses. He initiated in 1853 the practice of assembling groups of neglected and dependent children from the New York streets and tenements and taking them to the small towns and rural areas of the West. In the thinly settled areas, children able to help with farm and home chores were eagerly welcomed. The procedures were completely informal. Displayed at a public meeting, children would be selected by citizens who wished to accept them. While the lack of supervision and follow-up made the method as inadequate in some respects as the system then in vogue of indenturing dependent children from the almshouses, this development was the beginning of a modern emphasis on the importance of a family environment for children requiring separation from their own families.¹⁶

Despite these and other specialized forms of care, the almshouse population was increasing rapidly. A survey by a committee of the Senate of the State of New York in 1856 recorded that "the great mass of poorhouses . . . are most disgraceful memorials of the public charity. Common domestic animals are usually more humanely provided for than the paupers in some of these institutions; where the misfortune of poverty is visited with greater deprivations of comfortable food, lodging, clothing, warmth and ventilation than constitute the usual penalty of crime. The evidence . . . exhibits such filth, naked-

ness, licentiousness, general bad morals—as well as of gross neglect of the most ordinary comforts and decencies of life, as if published in detail would disgrace the State and shock humanity . . . with respect to *children* the case is far worse."¹⁷

An important but short-lived assumption of direct responsibility for welfare by the federal government was the establishment of the "Freedmen's Bureau" by Congress early in 1865. Growing out of the dislocations caused by the Civil War and the emancipation of the slaves, this Bureau was responsible for the care of the refugees and of the freed population and for the return to their proper owners of the land that had been abandoned by the refugees. Discontinued in 1868, the Freedmen's Bureau in the interim had "saved thousands of the destitute," white as well as black, from starvation, had distributed large quantities of food and clothing, and had begun to concern itself with the need for employment of the emancipated Negroes. Its early abandonment was probably a contributing factor to the chaotic conditions of the Reconstruction Period.¹⁸

THE POST-CIVIL WAR PERIOD (1865-1900)

The shocking conditions in the system of poor relief then general throughout the United States yielded very slowly to public concern and social action. Before the nineteenth century ended, however, forces had been set into motion which were to bring a greater spirit of humanity to bear on these ills. There were many with sympathy for the unfortunate who would become concerned with these problems and would force improvements to be made. But for more than another half-century the fears that improving the conditions of assistance and care of the poor might cause large numbers of the laboring population to avoid work and increase the extent and costs of pauperism acted as an incubus. Business practices during the second half of the nineteenth century were apt to

¹⁷ See Breckenridge, *infra*, p. 154.

¹⁸ See *Harper's Encyclopedia of U. S. History*, vol. 8, p. 434.

¹⁶ See Fink et al., *infra*, p. 190.

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be ruthless, predatory, and glaringly dishonest. The drive was toward business prosperity, not on meeting welfare needs.

The problems confronting the American people toward the end of the nineteenth century have been described by Nevins and Commager as follows:

"A new series of problems, complex and baffling . . . the most urgent of these were the problems of the distribution of wealth, the control of vast and powerful aggregations of capital, the maintenance of political democracy under the impact of an undemocratic economy, large-scale unemployment and labor troubles, urban crowding and the assimilation of the foreign born, the decline of farm income and the increase in farm tenancy, the conservation of natural resources rapidly being exhausted by reckless exploitation. . . ." ¹⁹

Industrial development and commerce, which had grown considerably during the first half of the nineteenth century, were now expanding with greater intensity. The economic revolution was giving increasing impetus to the necessity for the states and the federal government to assume "the role of protectors and benefactors of the rising banking, industrial and railroad interest." Link states that the control of government in 1861 had passed from the agricultural states of the South and West to the industrial Northeast, and that "the Republican party—(became) the political agent of the propertied interests . . . with continued land grants, a national banking system, contract labor from Europe and Asia, utilities franchises and freedom from taxation, and further tariff increases . . . the business classes had executed a bloodless revolution and had changed the character, but not the forms of representative government in the United States. . . . Monopoly, the subversion of representative government, the corruption of private and public morals . . . these were often necessary means in the fierce struggle for wealth and power." ²⁰

To large sections of the population the advantages of industrialization outweighed the evils. There might be varying attitudes on how these evils were to be dealt with (legislators believed that dealing with them in any way would be an unwarranted interference with that which was accepted as the desirable and the natural) but it was no longer possible to remain unaware of the extent of misery. Growing slum conditions, poverty of the immigrant and native-born workers, mass riots in the larger cities during periods of business recessions, industrial unrest met by police violence, and other evidences of social deterioration were all too obvious.

But while the conditions were obvious, the failure to deal with them could be rationalized. There was justification for these conditions in the prevailing philosophy of *laissez faire* and Social Darwinism. "In the name of progress (these theories) justified economic warfare, poverty, exploitation and suffering. And there was nothing organized society, that is, government, could really do, because attempts at amelioration would only create graver social problems." ²¹

Dr. Charles S. Hoyt, Clerk (Secretary) of the New York State Board of Charities in a report on "Causes of Pauperism" in 1875, typified this pessimism, stating, "Most cases of pauperism are due to idleness, improvidence, drunkenness, or other forms of vicious indulgence which are frequently, if not universally, hereditary in character . . . vigorous effort must be instituted to break the line of pauper descent." ²² Dr. Hoyt believed that private charity and the system of outdoor relief which helped to keep families together were only contributing to the perpetuation of pauperism.

The Commissioners of Public Charities of Illinois in 1884 reported a larger category of causes for pauperism, but they were equally pessimistic. "We . . . find that pauperism is even more generally attributable to intemperance, than is crime. Other causes are said

¹⁹ See Nevins and Commager, *infra*, p. 259.

²⁰ See Link, *infra*, pp. 4-5.

²¹ *Op. cit.*, p. 14.

²² See Schneider and Deutsch, *infra*, p. 27.

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to be: old age, sickness, being crippled, misfortunes in business, insanity, idiocy, blindness, deafness, orphanage, desertion, ignorance, improvidence, vicious habits, thriftlessness, and bad management. Pauperism is to a considerable extent hereditary.”²³

The 1875 report of the New York City Department of Public Charities and Corrections, commenting on the need for keeping down the almshouse population, was in the same vein. “Care has been taken not to diminish the terrors of this last resort of poverty because it has been deemed better that a few should test the minimum rate at which existence can be preserved, than that the many should find the poorhouse so comfortable a home that they would brave the shame of pauperism to gain admission to it.”²⁴

The Rise of Modern Social Work

In the 1860's and 1870's the spirit of reform typified by Dorothea Dix seemed to be on the wane. Emancipation of slaves had been a supreme effort, and the Reconstruction Period had been chaotic and disillusioning. Freedom had brought with it little economic improvement as the former slaves became the tenant farmers and poorly paid laborers of the plantations. The conditions of free labor were highly unsatisfactory; there were stirrings of industrial unrest and the beginnings of labor organization in the North. Seasonal unemployment, intermittent business depressions, tenement and slum populations living on a precarious marginal basis, were increasing.

Efforts to supplant all forms of outdoor relief by the almshouse system had been only partially successful. It was now the able-bodied but unemployed workers and their families who began to constitute the bulk of the dependent population, thereby greatly complicating the tasks of the local public and voluntary agencies. Were many of the needy unemployed who had exhausted their savings to be included among the “deserving” poor, or were they to be classed as the improvident and shiftless? In the setting of the badly

administered local public charities subservient to the interest of venal or incompetent politicians and political bosses, outdoor relief was not only a means of subsistence for the temporarily unemployed or the disabled, or an expedient to supplement low wages. It had in part become an indiscriminate handout for a wide variety, mostly of undeserving, claimants; and the gullible donors and benefactors of the numerous private charities were being exploited by mendicants and malingerers. If living on charity was so easy, why, it was asked, should the recipients of relief accept jobs under the arduous working conditions of the period?

There were, however, three small but important groups sufficiently concerned with the various problems to attempt to improve conditions. Of these the first group was composed of the more enlightened and competent state welfare administrators and the influential members of their boards. The other two groups were to emerge after 1880 and were to become known as the “organized charity” and the “social settlement” movements. The modern aspects of social welfare programs in the United States, and modern social work, had their beginnings in these three movements. The contributions of these groups to the development of welfare programs in the United States is documented in the proceedings of the National Conference of Charities and Correction (now the National Conference on Social Welfare) organized in 1873.

State Welfare Organization

The most noteworthy achievement of the state public welfare officials was the organization of “state boards of charities and correction” (now known as state boards of public welfare) to assume responsibility for the “dependent, defective and delinquent.” The first state board was established in Massachusetts in 1863, followed in 1867 by others in New York and Ohio. By 1897 there were sixteen states with this form of organization including most of the industrial and a number of agricultural states.²⁵ In New York, Pennsyl-

²³ See Breckenridge, *infra*, pp. 641-642.

²⁴ See Schneider and Deutsch, *infra*, p. 38.

²⁵ See Gillin, *infra*, pp. 207-247.

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vania, and in several other states, voluntary bodies to assist the state boards and supplement their efforts were established, such as the New York State Charities Aid Association in 1872 with its purpose "to bring about such reforms as may be in accordance with the most enlightened views of Christianity, Science and Philanthropy."

Beginning with the role of inspection and supervision, many of the state boards began to take on enlarged functions of administration of prisons and reformatories, mental hospitals, and other state welfare institutions, and supervision of private institutions in receipt of public funds; and gradually developed standards for voluntary hospitals, orphanages, homes for the aged, nursing homes, and other welfare agencies.

There was considerable opposition at first to the projected programs of state standards and supervision of private welfare institutions not in receipt of public funds, and there are still vestiges of this attitude. With the growth of local governmental welfare services, state subsidies to local programs, and federal grants-in-aid, the state welfare departments were to broaden their scope, serving as the planning and standard-setting arm for the state welfare programs.

A leading spirit in the New York State Board of Charities was Josephine Shaw Lowell who had been a founder of the New York City COS (see below) but had become discouraged with the efforts of private charity to solve the problems of poverty on an individual basis. Mrs. Lowell became interested in the problems of working men and women and turned her attention to the building up of the role of government in welfare.

The Charity Organization Movement

The prototype of the charity organization movement in the United States began in England with the establishment of the London Charity Organization Society in 1869. The first American Charity Organization Society (COS) was established in Buffalo in 1877. Similar voluntary groups were quickly estab-

lished in most of the larger cities. By 1892 there were COS agencies in 92 cities.²⁶

The basic aim of the new movement was to find ways and means of organizing help to the poor through individualized services. This involved friendly visiting, investigation of need, and a registration bureau for charitable agencies for clearance and to avoid duplication. There were two types of agencies: those which were also themselves relief agencies raising funds for this purpose, and those that gave no relief. Both types, however, made efforts to find work for the unemployed and to organize assistance from relatives, friends, church, employers, or other private sources. At first the visitors were largely volunteers but were later supplemented by paid agents representing the society. The poor, it was believed, needed friendly guidance; they needed spiritual help as well as material assistance.

To prevent reliance on charity as a substitute for labor the COS in many cities had various devices. One of these was a "wayfarers lodge" or temporary shelter for the transient. There might be a woodyard or similar work test for both transients and residents.²⁷ The wayfarers lodges were to evolve into the transient shelters under public or private auspices, and the woodyards and other early workshops giving the unemployed an opportunity for a few days' earnings were the prototypes for the large-scale work relief programs of the 1930's.

But only a fraction of the families applying for assistance had male heads able to work; there were widows or deserted wives with young children, for whom day nurseries were needed if the mothers were to become wage earners; there were the disabled and aged strongly averse to entering the poorhouse; as well as the families of the casual laborer suffering from unemployment at a time when jobs were scarce. In many areas, public outdoor relief either was not available or was grossly inadequate. Most COS leaders were opposed to public outdoor relief, and

²⁶ *Op. cit.*, pp. 506-524.

²⁷ See Devine, *infra*, p. 68.

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in a number of cities joined groups working for its complete abolition. Brooklyn abolished outdoor relief in 1878. Among other cities which followed that example were Philadelphia, Baltimore, Kansas City, New York, St. Louis, and San Francisco. The COS methods of careful study of the circumstances of each applicant, followed by a time-consuming process of organizing assistance from miscellaneous sources on a case-by-case basis, was meeting with justified criticism, and most societies were soon impelled to organize some relief funds which they could utilize, if only for emergency or "special" cases.

From the beginning the "charity workers" were making a systematic approach to the problems of poverty from which evolved case records of the families served, definitions of the tasks of the helping agent (later to be called the caseworker), and coordination of the efforts of individuals, groups, and agencies who were interested or might be willing to help in solving the difficulties of the clients. The COS movement fostered and helped to develop the family service agencies of today, the practice of family casework, family counseling, councils of social agencies, schools of social work, employment services, legal aid, and many other programs.

The Social Settlement Movement

The reform programs of the COS movement were restricted until well in the twentieth century by an aversion toward having government assume responsibility and direction for social services which, it was believed, could be performed more effectively by voluntary agencies. The responsibility of government for the well-being of all sections of the population, and a more dynamic attitude toward social reform, were being espoused, however, by some of the leaders of the settlement movement, especially by those who had become associated with Chicago's Hull House.²⁸

The social settlement movement, like the COS movement, was first developed in England by a few individuals—concerned with

the cultural impoverishment of the working population of London—who went to live in the slum areas. As the program progressed, "settlements" (neighborhood houses) were established. The first American settlement was organized in New York City in 1886; Hull House in Chicago was established by Jane Addams in 1889. The number increased rapidly and by 1929 the membership of the National Federation of Settlements included 160 settlements. The aim of the pioneers in this field was to become acquainted with the problems of the people of the neighborhood, bringing to them opportunities for education and wholesome leisure-time and group activities. In order to find the key to neighborhood problems, the leaders of the settlement movement were impelled to consider the relationship of the neighborhood and its problems to the general social and economic life of the city, the state, the nation, and beyond.

Hull House in Chicago has an outstanding record as the leader in developing social settlement programs and activities and in the history of social reform. In the unique personality of its founder, Hull House had a leader of great human sympathy, with a desire to find the root of the difficulties and a wide interest in all social problems that transcended local and national boundaries. Students of social problems and leaders in social movements became associated with Jane Addams as residents of Hull House, and Chicago and Illinois became the laboratory for studies of factory and sweatshop conditions, wages, the work of women and children, industrial diseases and accidents, the difficulties of the immigrants, prostitution, courts and correctional agencies, and other important community problems and institutions.

THE PROGRESSIVE ERA (1900-1920)

With the beginning of the twentieth century it was more and more apparent that the trend in the United States from an agricultural economy to industrialism and the growth of cities was not reversible. Good land for cultivation was no longer cheap, and the proportion of families deriving their

²⁸ See Gillin, *infra*, pp. 526-545.

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livelihood from agriculture was on the decline. The material progress and the increasing wealth of the country, evident in the transcontinental railroads, the imposing factories, the booming oil fields, and the tendency toward large-scale enterprise and virtual monopolies in some fields, were now firmly entrenched in American life.

The intensified social problems which accompanied the burgeoning industrialism were becoming more and more evident. In 1900, for example, 24 states and the District of Columbia had no minimum age for child labor; and other states had very inadequate provisions. There were few standards on safety, or sanitation in factories and workshops; the employer was not considered solely liable for workers injured in industry, as is the case today: the injured worker and his fellow employees might be considered equally culpable; there was no legal protection for women in industry; wages and hours were unregulated; there was little organized interest in the health or housing condition of the working population. As the widening gap between the rich and the poor attested to the shortcomings in wealth and income distribution, a few were attracted by radical schemes for changing the prevailing system of individual business enterprise into state socialism, but for the most part the efforts of organized labor, social reformers, and social workers were focused on ways and means for easing the hardships of the working population rather than in changing the basic economic structure.

These objectives were being furthered after 1900 by more liberal and more honest administration in some state and local governments, and by growing competence and understanding by the leaders of social work and social reform. A spirit of optimism that the problems arising from the industrial era needed to be and could be overcome began to replace the pessimistic belief that poverty was a permanent and insoluble condition. The term "sociology" was accepted as the designation for this new approach to the study of the problems of society, pioneered in the United States by Lester F. Ward

whose "Dynamic Sociology" in 1883 established a theoretical foundation for social control of the economic system as a desirable policy.²⁹ With the work of Charles H. Cooley, Franklin Giddings in sociology, and Simon Patton and John R. Commons in economics, a theoretical basis was being established for the efforts of social workers and reformers whose programs of social action were being considered as "applied sociology." These new concepts espoused by some of the social scientists helped to counteract the pessimistic principles of the Social Darwinists who believed that helping the poor was merely a way of perpetuating the "unfit."

The basis in social science was also being reinforced by a humanitarian trend in the religious field. This was called the "social gospel" in American Protestantism, and was expressed for Roman Catholicism in 1891 by the encyclical of Pope Leo XIII known as the RERUM NOVARUM, an assertion of the rights of labor.³⁰ The Protestant churches organized the Federal Council of Churches of Christ in America in 1908 "to end exploitative capitalism through social welfare legislation and the strengthening of labor unions." The social gospel movement of Protestantism was responsible for the Salvation Army movement; institutional church-sponsored hospitals, missions, social and relief agencies, boys and girls clubs, spread through the great cities.³¹ The Social Justice movement was also spreading among Jewish and Catholic religious and lay leaders. *Laissez faire* was receding and the "welfare state" was beginning to emerge.

There were major contributions of the COS movement to progressive forces of social work in these two decades, led by the New York COS which in 1898 established a Tenement House Committee to improve existing housing and obtain decent standards for new building. The organization of a Committee on the Prevention of Tuberculosis grew out of the experience of visiting the poor in the dark and poorly ventilated tenement houses.

²⁹ See Link, *infra*, p. 15.

³⁰ *Op. cit.*, p. 34.

³¹ *Op. cit.*, p. 36.

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The charity visitors discovered a heavy incidence of and abnormal death rates from tuberculosis in the tenements. Similar local projects in other cities led to the establishment of the National Tuberculosis Association in 1904.³²

The New York COS was the initiator of one of the first social work publications, *Charities Review*, which was merged into the *Survey* in 1907.³³ The New York COS stimulated in 1907 the Pittsburgh Survey, financed by the Russell Sage Foundation, established the same year "for the improvement of social and living conditions in the United States." The survey brought together social workers and students of social problems, for "the study of wages, hours of work, work accidents, other industrial conditions, family budgets and home conditions, contagious disease and other health and sanitary problems, housing, taxation, the public schools, city planning, hospital and other institutional needs and certain phases of the crime situation." The Pittsburgh Survey was a forerunner of numerous other surveys of welfare needs and methods of care in many other sections of the country. The New York COS was also instrumental in the establishment of training for social work, resulting in the organization of the New York School of Philanthropy (now the New York School of Social Work).

The COS and the social settlement movements represent the successful combination of the reforming zeal of the social worker with the philanthropic spirit and civic consciousness of a small group of well-to-do individuals. Devine later described the Board of the New York COS during that period: "The large majority were what may be called conservative. They will probably without exception have stood for private enterprise; free individual initiative; the ownership of capital investments by individuals, partnerships and corporations; the recognition of profit as the mainspring of production and commerce, the *laissez faire* principle in the relation between government and business, and the obligation

of the individual by thrift and prudence to provide, if possible, for illness, old age, unemployment and other like contingencies."³⁴ These were probably also the characteristics of the boards of many other voluntary agencies.

While wealthy philanthropists wanted to improve civic and social conditions, opposition to government in welfare programs was a cardinal tenet of faith. Andrew Carnegie with his profits from the growing steel industry might devote his fortune to establish local libraries, world peace movements, and other socially useful objectives, and John D. Rockefeller, a major owner of oil, establish foundations devoted to medical education and public health; yet they and others continued to believe that private benevolence was superior to governmental responsibility on all counts. Carnegie's doctrine was expressed in his often quoted *The Gospel of Wealth*, ". . . the millionaire will be . . . intrusted for a season with a great part of the increased wealth of the community by administering it for the community far better than it could or would have done for itself . . . disposing of surplus wealth . . . by using it year after year for the general good. . . ." ^{35, 36}

Progress Through Social Reform

Supporters of progressive movements, however, were now becoming more confident that social progress could be achieved through social reform, that it was possible to legislate out of existence such evils as child labor, to control hazardous occupations, provide compensation for accidents and for involuntary unemployment, reform public relief, and use the taxing power of the state to

³⁴ *Op. cit.*, p. 120. Quoted by permission of the publisher.

³⁵ Quoted from *Encyclopedia of the Social Sciences*, vol. v, p. 534.

³⁶ The Federal Income Tax Law, enacted in 1913 with the policy of higher tax rates on higher incomes, formed the basis a quarter of a century later for the expanded federal aid and other public welfare programs. It was based on the acceptance of the opposite principle, that there is a governmental responsibility for welfare and that taxation of wealth rather than voluntary giving is also an acceptable way of providing for "the general good."

³² See Devine, *infra*, p. 93.

³³ *Op. cit.*, p. 104.

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provide pensions for the aged and mothers of dependent children. Social workers participated in the formation of the National Child Labor Committee in 1904 and the American Association for Labor Legislation in 1906.

"After 1900 the social workers constituted a growing and vociferous element in the American society. With the support of philanthropic foundations they made intensive surveys of labor conditions, the cause of poverty and means of alleviating distress. . . . They . . . envisaged use of state police power to accomplish rearrangements of economic relationships. . . . The professional social workers, students of the labor problem, and leaders of advanced social opinion grew strong during the progressive era, emerged as a redemptive element in the American democracy and banded together in crusades to transform an individualistic and competitive society into something resembling the welfare state."³⁷

Progress toward enlightened welfare legislation to improve industrial conditions was beset with legal and other obstacles. In 1893 Illinois had enacted the first enforceable eight hour law for women, the result of the labor of Mrs. Florence Kelley associated with Hull House, only to have the State Supreme Court nullify the measure two years later. New York succeeded in enacting a similar statute in 1896 limiting women's work to sixty hours a week. In 1898 the U. S. Supreme Court, reflecting the rising liberal trend, affirmed that it was the duty of the state to protect the health and morals of its citizens through its police power, thus making it constitutional to limit the hours of labor in dangerous occupations. In spite of this decision, judicial sanctions for such measures were again threatened by the Supreme Court in its decision on *Lochner vs. New York* in 1905, but in 1908 the Court returned to its previous position by upholding the constitutionality of the Oregon ten-hour maximum law for women (brilliantly argued by Louis D. Brandeis, later a Justice of the Supreme Court, who based his brief on material gath-

ered for him by social workers and other students of labor conditions). With this decision removing restrictions from state action, social reformers moved to the task of achieving enlightened state laws on industrial accidents, occupational diseases, factory inspection and safety measures, regulation of child labor, and special provisions to protect women in industry.

While successful results were being achieved in some states, other sections of the country remained backward and an attraction for industrial units seeking cheap labor conditions. An attempt to achieve national standards through federal legislation began with the field of child labor. In 1916 Congress enacted a national law forbidding the shipment of the products of child labor in interstate commerce. This law was voided by the Supreme Court as being beyond the powers of Congress. In 1919 Congress tried again, enacting a child labor law based on the taxing powers of the federal government, which was also voided.³⁸

Progress was made, however, in securing federal responsibility in other welfare fields. In 1909 the first White House Conference on Children called by President Theodore Roosevelt had considered the problems of child welfare and had emphasized the importance of the family and the home. From this conference came the establishment of the U.S. Children's Bureau in 1912 to function as a research and educational agency. The Children's Bureau has played an important role in the national improvement of health and welfare programs for mothers and children.

One of the basic principles enunciated by the White House Conference was that no child should be separated from its parents solely for reasons of their poverty. A major consequence of this principle was the growth of a family foster home system and the rise of state provisions for aid to mothers with dependent children. (Although called "pensions," the provisions were in actuality a special category of public outdoor relief. A few states previously had made provision for assistance to the blind, beginning with Illi-

³⁷ See Link, *infra*, p. 69 and p. 72.

³⁸ *Op. cit.*, p. 70.

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nois which in 1903 inaugurated special county relief for the blind.) There was at first opposition to "mothers' aid" by the supporters of the children's institutions (who regarded them as the more suitable place for children whose parents were unable financially to care for them) and by opponents of public outdoor relief, including some leaders of the COS movement. The first statewide mother's aid bill was enacted in 1911 by Illinois, providing for the payment of a regular stated allowance to mothers for the care of their own children. (A few months previously Missouri had enacted provision for allowances to mothers but applicable at first only to Kansas City.)³⁹

In 1912 the Russell Sage Foundation made a study of plans then operating in a number of cities and gave an adverse opinion.⁴⁰ Edward T. Devine in 1913 sharply challenged mothers' aid as "an insidious attack on the family, inimical to the welfare of children and injurious to the character of parents."⁴¹ In spite of continuing opposition, the new legislation made rapid headway. Within the first ten years, 41 states had adopted some form of mothers' pension and many social workers who formerly were opponents became supporters of this form of public aid.

Based on the spirit of optimism and the belief in the ability to find the causes for and solve the social problems, aided by an increasing prosperity and philanthropic interest on the part of some sections of the wealthy class, the first two decades of the twentieth century have a history of extraordinary developments in the extent and quality of social welfare programs. Some of the items in the long list of achievements before 1920 are the following:

1. The rise of the philanthropic foundations devoted to health, education, science, research, international peace, social welfare, and civic improvement—among the most outstanding being the various Carnegie foundations, the Rockefeller Foundation, the Julius

Rosenwald Fund, the Russell Sage Foundation, and the Commonwealth Fund.

2. The growth of public parks and playgrounds, programs for the conservation of our natural resources, and the great expansion of neighborhood centers and other cultural and recreational agencies. National service agencies were established for the Boy Scouts, Girl Scouts, and Camp Fire Girls program and the Boys' Club movement. The 4-H Club program was developed under the auspices of the U.S. Department of Agriculture and state agriculture colleges.

3. Special war-time programs which were developed during the first World War (1914-1918) included the home service program of the American Red Cross and services promoted by a number of national agencies, including the National Recreation Association. The federal government enacted the War Risk Insurance Act which made support available to dependents of men in service, provided disability compensation for them and their dependents, and insurance against death or disability at a rate considerably below that of commercial insurance. Organized relief for war-sufferers and refugees was developed on a large scale by the American Relief Administration, Belgian and Near East relief projects, and by the Red Cross, the Society of Friends (Quakers), and the American Jewish Joint Distribution Committee.

4. The period saw the establishment and growth of state and local departments of public health; expansion in the number and extent of public health dispensaries; development of general hospitals as a basic method of care for the well-to-do as well as the indigent sick; special hospitals and sanatoria for the tuberculous; convalescent and rest homes; the beginning of hospital social service in 1905; health centers and infant welfare clinics; other programs for the reduction of infant and maternal mortality; public health nursing; social hygiene and sex education; special state and voluntary institutions for crippled children; and state programs of rehabilitation (the first in Massachusetts in

³⁹ See Gillin, *infra*, pp. 405-421.

⁴⁰ *Op. cit.*, p. 407.

⁴¹ See Abbott, *infra*, p. 232.

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1918). In 1920 the federal government enacted its first bill for vocational rehabilitation on the basis of matching funds of the state programs in this field.

5. Improvements in raising funds and program planning for voluntary welfare agencies included the rise of the community chest movement, beginning with Cleveland Welfare Federation's united drive in 1913 (following the rise of federations of Jewish charities beginning in 1895); and establishment of federations of charities (now councils of social agencies or community welfare councils) for consultation and coordination of effort among the numerous welfare agencies.

6. There was, however, little improvement during this period in the administration of local public relief programs. Only a few states had initiated careful supervision of local programs, but several cities (Kansas City, Cleveland, and Detroit) were beginning to improve their local public relief departments. Cottage plan institutions in some cities were modifying the structure of institutional almshouses, permitting classification and greater segregation of varied types of inmates. There were improvements in state institutions for the mentally ill. Social service workers were being added to the staffs of the mental hospitals and outpatient clinics, both established first in Massachusetts, in 1913 and 1914. Facilities for the care of the feeble-minded were being improved and increased.

7. Separation of juvenile from adult offenders began earlier, but the first juvenile court was established in Chicago in 1899 following the enactment of the Illinois juvenile court law. Similar courts in other cities soon followed. By 1918 the U.S. Children's Bureau listed 321 juvenile courts which conformed to the Bureau's definition. Only Boston had probation for adult offenders before 1899, but soon 33 states had enacted such provisions.

8. Civil liberties and intergroup relations were advanced through formation in 1909 of the National Association for the Advancement of Colored People, followed by the National Urban League in 1910. Other national

agencies concerned with these problems are the American Jewish Committee, established in 1906, and the American Civil Liberties Union, in 1917.

These were excellent beginnings, but the sum of all of these activities did not provide a uniform national program of welfare services for all sections of the country and all elements of the population in need of the services. The programs, including the best of them, were spotty and haphazard in character.

There were great differences among the states and cities in the availability and adequacy of essential welfare programs. Social workers and other liberal forces pressed for greater results, hoping that basic economic security and a minimum standard of living could be secured for all people on a nationwide basis. Social workers participated in 1912 in the creation of the platform of the Progressive Party (the liberal wing of the Republican Party) which was supporting Theodore Roosevelt for another term as President. Several of the basic planks of that platform urged the adoption of welfare measures which were being promoted by social workers, such as the prohibition of child labor and compensation for industrial accidents. It called for "such legislation as is demanded by the modern industrial revolution and which will secure a better and more equitable diffusion of property." It proposed "programs against the hazards of sickness, irregular employment and old age through a system of social insurance." The Progressive Party did not elect a President, but by a division of the Republican Party it was instrumental in bringing the Democratic Party into office, and the adoption of some of the proposed reforms. Another two decades were required before the United States began to enact the social insurance measures that by 1912 were already operating successfully abroad.

THE 1920's: A DECADE OF PROSPERITY

Social welfare programs in the 1920's continued on the lines of the two preceding

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decades. The most significant new developments were the restriction of immigration, which social workers generally opposed, and the development of statewide programs for old age assistance, on which social work opinion was divided. Prosperity sparked a large increase in philanthropic giving and the growth of community chests. After a brief business recession in 1921, increased job opportunities eased the pressures for relief on public and voluntary agencies.

A vigorous movement for restriction of immigration had come mainly from two sources—groups with anti-alien sentiments, and organized labor. There had been an increasing number of immigrants from Eastern and Southern Europe since the 1870's, and these newcomers were adding a cosmopolitan aspect to the industrial cities. The new immigrants were constituting the bulk of the unskilled and semi-skilled workers utilized by the growing industries of the country. The neighborhood houses and social centers were increasingly concerned with the need for helping the newcomers to adjust to American conditions, and the family service and relief agencies were receiving a large proportion of their clientele from these groups. Measures aiming to restrict immigration begun in 1914 and completed in 1924 speeded up the substitution of machinery for labor in industry and stimulated a further movement of population from rural to urban areas. They were the cause of a substantial movement of Negroes and white unskilled labor, share croppers, and tenant farmers from the South to the North.

The first general old age pension law had been adopted in the territory of Alaska in 1915 as an alternative to public institutional care. Opposed successfully in some of the Eastern states by groups which included some leaders of the COS movement, old age assistance came first to Montana and Nevada in 1923, followed by Wisconsin, Kentucky, and Colorado. By 1929 the movement had spread to practically all of the states west of the Mississippi. Old age assistance programs were consistently championed by the Fraternal Order of Eagles, the American Asso-

ciation for Labor Legislation, and the American Federation of Labor. In 1927 the American Association for Old Age Security was organized and became active in campaigns, especially in New York, which state in 1930 enacted a program of allowances to needy old people.

By the end of the 1920's the increasing use of public assistance programs for special categories of need was having an influence on the use of outdoor relief for general assistance. During the 1920-1921 depression, several Midwest industrial cities were utilizing the local welfare departments, which had been reorganized and improved, for relief to the unemployed. In 1929 the State of New York adopted a welfare law emphasizing home relief in preference to institutional care for the needy wherever practicable, a policy which had been opposed in that state for more than a century.

THE GREAT DEPRESSION AND ITS AFTERMATH (1930-1940) *

The increasing tendency to turn to public agencies for home relief was an important factor in the organization of welfare programs in the 1930's, when the United States was afflicted with the most serious economic depression of its history. Voluntary agencies and local governments attempted valiantly to bring help to the unemployed, but by 1931 the increasing severity of the depression began to make these emergency measures less and less adequate. Campaigns for voluntary funds conducted by community chests and by *ad hoc* civic groups, and sizable attempts at programs of work relief under voluntary auspices, were insufficient to stem the mounting flood of needy unemployed. In cities where public outdoor relief had previously been abolished or where the local departments were unequipped to undertake the functions on their own account, municipalities began to vote large sums to be spent by private charitable agencies or citizens' committees.

* The reader is referred to the thirteen preceding issues of the *Social Work Year Book* (1929-1957) for a more detailed treatment of the material presented in this and the following two sections of this article.

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Under the force of the depression, cherished notions and ways for meeting needs had to be shelved or completely discarded. The first to be swept aside was opposition to the use of local public funds for local home relief. Next, opposition to state and federal participation in welfare responsibilities went into the discard. Public welfare departments became the accepted instruments for unemployment relief programs. In 1931 a city department was revived in New York City for public relief with the approval instead of opposition of some leaders of the private voluntary charities. The theory that economic problems should be solved by business alone was also placed on the shelf. If people still believed that depressions were an inevitable aspect of the business cycle, they were also beginning to see that their economic and social consequences must become a basic concern of government.

Expanded systems of relief for the unemployed were set up as a function of government in many of the states. In New York, one of the largest state programs for the unemployed was organized under Governor Franklin D. Roosevelt by Harry Hopkins, recruited for this purpose from the field of social work. When Roosevelt was elected President, Hopkins was chosen as the architect for many of the "New Deal's" welfare programs.

With the deepening of the depression, social workers (of whom 6,000 were members of the American Association of Social Workers, established in 1921) began again to take an active leadership role in the promotion of local, state, and federal measures for the relief of the unemployed. In 1931 they organized a conference on federal action on unemployment which outlined basic measures for assistance, work relief programs, expanded public works, and social insurance, and made strong representations at Congressional hearings that the federal government should share the responsibility for helping the unemployed.

Programs for Unemployment Relief

It was very difficult to overcome the cen-

tury-old tradition that the meeting of welfare needs was solely a voluntary and local responsibility. However, when Congress in 1932 established the Reconstruction Finance Corporation as a lending agency to help bail out depressed industry, commerce, and agriculture, and for a public works program, an appropriation of 300 million dollars for loans to the states for relief purposes was reluctantly added. These loans were to be a charge on future federal obligations to the states for road construction.

But such devices were too little for the major depression of the 1930's when the number of the unemployed never fell below 5 million and reached a high of more than 15 million. In March 1933, with the arrival in Washington of a new Administration, old traditions were discarded and bolder programs initiated. There were novel economic and fiscal measures designed to propel industry and commerce out of its lethargy, and the beginning of federal grants (not loans) to the states for the relief of the unemployed. By May 1933, the 300 million dollars voted by the outgoing Administration had all been loaned and it was obvious that the states and localities had already stretched their credit to the breaking point and that further borrowing, even from the federal government, was out of the question. Congress began to appropriate large funds for unemployment relief and continued these emergency appropriations for almost ten years.

In the course of the first three years various plans were tried out. The first was the creation of the Federal Emergency Relief Administration (FERA) in 1933, headed by Harry Hopkins. It received an initial appropriation of 500 million dollars to be used for grants to the states for direct assistance to the needy and for work relief programs. FERA set up a national program for transients—who were not considered eligible for local aid—, brought relief to drought stricken agricultural areas, and made grants to self-help and barter associations. Hopkins liquidated the commissary system then prevailing in public aid, substituting the granting of cash or grocery orders as the method of re-

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lief giving. It was a basic policy of the FERA that these federal funds must be spent through governmental and not through voluntary agencies. This policy had far-reaching effects in the development of state and local public welfare administrations in many localities which had previously shunned responsibility for public outdoor relief. Special programs were established for unemployed youth through the Civilian Conservation Corps (CCC) and the National Youth Administration (NYA).

The winter of 1933-1934 brought great unrest among the jobless. There was a drift to radical organizations and to radical slogans and proposals which terrified the more comfortably situated elements of the population. The extended programs of public works designed to take up the winter slack was not yet in operation. The PWA projects under Secretary of the Interior Harold Ickes were following the conservative course of careful planning and competitive bidding by private enterprise. Roosevelt then established the Civil Works Administration (CWA) under Hopkins, in November 1933, to provide work and wages for 4 million workers, half from the relief rolls and half from the unemployed not yet on relief. CWA was designed to increase the general purchasing power of the nation and to accelerate the processes of recovery by paying wages on a broader scale than in the prevailing work relief programs where wages were geared to relief standards.

The program was put into operation with amazing speed. By the middle of January 1934 the number of jobs was well over the 4 million mark available in a tremendous variety of projects (over 400,000 at its peak). Roads, highways, and airports were being built or improved. CWA gave professional employment to 50,000 teachers and to 3,000 writers and artists. It built swimming pools and sewers, fought insect pests, and engaged in many other useful projects.

As economic conditions began to improve, a vociferous opposition developed among conservatives against the CWA program and its minimum wage standards as being in unfair competition with private industry. These

work programs, it was said, were "breaking down the virtue of self reliance." This opposition had its effect on Congress and the Administration. After expending approximately one billion dollars in four months, CWA was ended abruptly as too costly and too radical a method of substituting governmental for private employment.

Following the ending of CWA, grants-in-aid to the states for both home and work relief were transferred to FERA. Opposition of business interests to self-help and production-for-use projects led to the stoppage of federal grants in 1935. The workers on CWA had not been classified as relief workers, but under the new program only those who met the test of destitution were eligible for work relief. Additional programs for farmers and rural relief, which became more insistent with the drought in the summer of 1934, were undertaken with a special appropriation of \$525,000,000. With some of these funds millions of starving cattle and sheep were purchased by the Department of Agriculture, slaughtered, and made available for supplementary aid to families on relief.

Jobless home owners were also losing their mortgaged homes through inability to maintain payments. In the summer of 1933 the Home Owners Loan Corporation (HOLC) was organized by the federal government. HOLC bought and rewrote mortgages and financed immediate payments for taxes and repairs. Schlesinger⁴² reports that one-fifth of all the owners of non-farm dwellings sought HOLC loans and that more than half of them were granted.

By 1935 the federal government had decided to withdraw from participation in the financing and administration of direct relief and to liquidate the FERA. It returned instead to the task of providing jobs through work relief projects. For this purpose the Works Progress Administration was established. At the same time Congress enacted the Social Security Act through which the federal government embarked on a program of social insurance for unemployment and old-age and survivors benefits. This Act also

⁴² See Schlesinger, *infra*.

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provided for grants-in-aid for assistance to state programs of mothers' aid, old age assistance, and aid to the blind. Through these provisions there followed the completion on a nationwide basis of state programs for these categories of need. It left unfilled the need for a program of federal grants for general assistance involving the unemployed and the disabled. The last-named category, however, was made a part of the social security program in 1950.

The successor to FERA developed a large-scale work relief program for an estimated 3,500,000 employable persons on the relief rolls. Begun in 1935, the WPA program reached a high point in 1938 and was continued into 1943, when a wartime manpower shortage replaced the labor surpluses of the depression years. The concept of work relief as providing primarily unskilled labor jobs was broadened to make suitable work available as well to unemployed white collar, technical, and professional persons on relief. The amount of work and wages were geared to family subsistence needs. WPA expenditures by June 30, 1941, totaled \$11,365,000,000 of which the federal government provided approximately \$9,000,000,000, the balance being furnished by local, state, and other governmental agencies which initiated the projects (WPA directly initiated no work projects). WPA has been considered "the most gigantic, imaginative and successful effort ever made" to organize a work program to take up the slack of a recession in private enterprise.⁴³

Effect on Voluntary Social Welfare Programs

The inauguration of a national system of public assistance and social insurance measures had a profound effect on the structure and functions of social welfare. Voluntary agencies were no longer considered as the basic resource for meeting problems of insufficient income. Family service agencies accepted only a secondary role in relief, or gave

up the function completely and began to concentrate on other services.⁴⁴

Casework theory during the 1920's had assumed that most individuals had capacities for self-maintenance and for more satisfactory personal adjustments, and that they could be assisted toward these objectives by a two-way relationship between the client and the worker. These theories of casework were in accord with the accepted ideals for American industry of enterprise, independence, and thrift, to which social work added its own convictions about the inherent dignity and importance of each individual. For more than fifty years the family welfare agencies had been engaged in trying to help people with many kinds of individual and family problems not necessarily economic in nature though perhaps exacerbated by poverty. Social workers serving in hospitals, mental health institutions, schools, and courts had increasingly become aware of psychological and emotional difficulties of people coming to them for help.

Fruitful ideas were introduced into social work practice from psychiatry and especially from the developing field of psychoanalysis, with its theories on the nature of motivations influenced by factors which were not easily recognized or admitted by the individual. The moralistic explanations of human behavior dominant in the nineteenth century began to be replaced by the theories of dynamic psychology. The theory that personality deviations and major emotional obstacles to social adjustment were not necessarily congenital but might be related to defects in early training and conditioning added a hopeful note.

Social workers began to incorporate more and more of these psychological theories into their practice and to observe their implications in the processes of social adjustment of

⁴³ Howard, Donald S. "Work Relief" in *Social Work Year Book 1943*, p. 565.

⁴⁴ The statistical evidence of this change may be seen in a report of the Department of Statistics of the Russell Sage Foundation that outdoor relief expenditures in December 1929 in 75 cities were divided between the public agencies which spent 72 per cent, and the voluntary agencies, 28 per cent. In August 1934 the public share increased to 98 per cent of the total.

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the individual to family, group, and community relationships with which they were familiar. Application of the new theories on the nature of individual behavior began to be utilized in the fields of group work, vocational guidance, rehabilitation of the disabled, education, child guidance, adoption, family courts, the treatment of juvenile and adult offenders, and other fields of social service. Objectives, principles, methods, and techniques of social casework were defined and began to give professional assurance to this field of social work. Social workers in many different kinds of organizations and institutions dealing with problems of individual adjustment were joining psychiatrists, clinical psychologists, and other specialists in an expanding mental hygiene development. Some caseworkers were venturing into private practice, and many of the social casework agencies were beginning to extend their counseling and adjustment services to clients able to pay toward the cost of the services given. (While casework and counseling were generally considered to be the basic methods involved, the casework agencies were also continuing to make concrete services available such as homemaker service, camps, nursery schools, vocational counseling, and legal aid.)

THE SECOND WORLD WAR (1941-1945)

Coming on the heels of the business depression of the 1930's, the Second World War found social work and social welfare principles firmly established and valuable adjuncts for defense mobilization and for meeting wartime needs. Leaders of social work serving in the federal departments and in community and national agencies cooperated in foreseeing the emerging social problems and in organizing services to cope with them. There were the problems arising from the mobilization and training of a large citizen army, the establishment of large-scale defense industries often in rural or small-town areas, the possibilities of enemy action, and in general the needs of persons on the home front who were suddenly put under the strains of defense preparations.

Two major federal agencies were estab-

lished by Executive order of the President, the Office of Civilian Defense (OCD) and the Office of Defense Health and Welfare Services (ODHWS), the latter to assure adequate health and welfare services to meet the needs of an effective war mobilization program. ODHWS served as the center for the coordination of the services of governmental and voluntary agencies to meet the war-connected needs of states and localities. Advisory councils were established nationally and in the regions concerned with measures for family security, health, education, recreation, child welfare, law enforcement, and other wartime needs. Under the Lanham Act (1941), appropriations of hundreds of millions of dollars were made available to defense-impacted communities for the construction of necessary public works such as schools, day care centers for children of working mothers, hospitals, and recreational and other welfare facilities. Special help was given to the draft boards by social workers from governmental and voluntary agencies to aid them in the tasks of determining physical and mental fitness and deferment of men with dependents. Social and health services were made available to the deferred groups.

With the growing numbers of foreign relief appeals as well as domestic war fund campaigns, local community chests were expanded into united war funds. Community Chests and Councils, Inc. (the national service agency for local chests) set up a National Budget Committee for War Appeals, and President Roosevelt established the War Relief Control Board to regulate agencies collecting welfare funds for use in the United States or abroad. American Red Cross carried over its experience in disaster relief and in the first World War into special wartime casework and other home front services; and together with the United Service Organizations (USO) (established in 1941 by six national voluntary agencies to serve the religious, spiritual, welfare, and educational needs of the men and women in the armed forces and defense industries), reinforced by a multitude of local welfare agencies, covered the country with their service programs.

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However, unlike the situation in the First World War when voluntary agencies (similar to those in USO) provided educational and recreational services in the training camps and on posts, these were now a responsibility and a function of the military organizations themselves. (The Red Cross, however, continued to perform special recreational functions in camp hospitals and with the troops overseas, and Camp Shows, affiliated with USO, brought professional theatrical and musical organizations to the camps here and overseas.)

Government made generous provisions for the economic welfare of men and women in the service and for their dependents, including higher rates of service pay, family allowances, life insurance policies, and disability and death benefits. Before the end of the war, the armed services personnel had been increased to an unprecedented total of more than 12 million. With the end of the war in prospect, Congress in 1944 enacted the Servicemen's Readjustment Act (known popularly as the G.I. Bill of Rights) which included special unemployment compensation, educational benefits, and loans for the demobilized veterans, all administered by the U.S. Veterans Administration (established in 1930).

There were two special wartime welfare programs which were in the nature of innovations. One was the establishment in 1942 of the United Seamen's Service, a voluntary national organization stimulated by the War Shipping Administration for social services and health programs for the men of the American Merchant Marine. The other, developed immediately after the Japanese attack on Pearl Harbor in December 1941, was in connection with the evacuation of all persons of Japanese ancestry from the entire West Coast (a wartime measure of doubtful legality) and their concentration in hastily devised Army centers. There was some improvement in the well-being of this group of 112,000 individuals with the creation in March 1942 of the War Relocation Authority, which took over the problems from the Army and began to transfer individuals and fami-

lies to non-sensitive areas where they could find outside employment and return to normal community life.

Professional social workers were becoming increasingly involved as staff members or were serving on the advisory boards of these and other wartime welfare programs. Among the professional achievements in this period was the introduction of the classification "psychiatric case worker" into the personnel classifications of the Army and Veterans Administration. Social workers organized and staffed the veterans information centers (mostly under voluntary auspices) created for the period of demobilization.

THE POSTWAR PERIOD (1945-1959)

With the beginning of the second postwar period the United States entered a decade of economic development exceeding the heightened prosperity of the 1920's. Unlike that earlier decade, this period was not ushered in with a depression; with only slight variations, business has been on an upward trend since the mid-1930's. The number employed, the quantity of goods and services, and the size of total wealth of the country had reached heights which outran the imagination of previous generations of Americans.

During the war the system of business enterprise had been federally controlled with provisions for rationing, production quotas, and price control. The wealth of the country placed us first in importance in world affairs, giving us responsibilities for extending military aid and other forms of assistance to countries that were not part of the communist orbit. From 1939 to date our economy has been on a war or defense basis. Our role in international affairs has been extended directly and through the United Nations, and includes assisting other countries to solve their health and welfare as well as their economic problems.

Outstanding developments in international welfare services which have utilized social workers were the United Nations Relief and Rehabilitation Administration (UNRRA) established in 1943 and terminated in 1947, and the UN International Refugee Organi-

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zation (IRO) organized in 1948 and terminated in 1952. Among the important continuing intergovernmental welfare programs are the UN's World Health Organization, Food and Agriculture Organization, and Technical Assistance Administration. The United States, in addition, undertakes direct welfare programs abroad under the U.S. Technical Cooperation Program (Point Four). Extensive programs of overseas relief are also carried on by voluntary groups such as the American Red Cross, the American Jewish Joint Distribution Committee, the United Israel Appeal, the American Friends Service Committee, the National Catholic Welfare Conference, and others.

During the depression and the war years the validity of labor organization received government sanction. Membership increased both in the older established American Federation of Labor and in the more recently developed Congress of Industrial Organizations which was recruiting union membership in large mass production industries. (The AFL and CIO were combined in 1955.) Organized labor attained an improved position in collective bargaining which it is utilizing not only for better wages, hours, and working conditions but also for additional unemployment assistance, sick benefits, medical care, and recreational programs. Beginning in 1955, some contracts in mass production industries included provision for sizable unemployment benefits which would supplement the maximums available from state insurance provisions.

While the growth of wealth and prosperity resulted in a larger middle economic class, an increased mobility of population, a rise in the standard of living, and a large-scale middle-income-class suburban development, there still remains a sizable group that is submarginal both in terms of previous standards and of current values. People below a decent minimum level of subsistence were estimated in 1915 as comprising one half of the laboring population; in the 1930's, "one third of the nation" were considered "ill housed, ill nourished and ill clothed." While poverty is no longer as extensive as before, there remain

depressed urban and rural areas with substandard living conditions. Farm laborers, share croppers and tenant farmers, and unskilled labor in the cities form the basic core out of which come the dependent groups on relief.⁴⁵ Juvenile delinquency is reported on the increase but so is the birth rate and the number and percentage of children graduating from high school and enrolled in colleges and universities. An increased prosperity is evident in the number of automobiles, radio and television sets, central heating units, bathtubs and home appliances, manufactured and sold in this country. The financing of educational institutions is becoming a growing problem and has engaged the attention of the federal government.

There are other impressive evidences of favorable welfare conditions. Medical science has made noteworthy progress in the recognition and treatment of disease. Infant mortality has been considerably reduced, and there is a lengthening span of life for more individuals. Advances are reported in the treatment of the insane, and of tuberculosis, poliomyelitis, pneumonia, and other conditions which had been primary factors in death rates and disablement. Increasing attention is being given to cancer, cardiac diseases, and other chronic ailments which rank high in the mortality tables, and there is hope for improvements in prevention and treatment.

The centering of attention on the various chronic diseases is responsible for the rise of a large number of national voluntary health organizations, each campaigning separately

⁴⁵ Consumer income distribution statistics published by the Office of Business Economics of the U. S. Department of Commerce estimate that 7.6 million, constituting 14 per cent of all family units in the United States, had yearly incomes for the year 1958 of under \$2,000. (About 13 per cent of the families had incomes over \$10,000, and the average income in that year from all sources for the "typical consumer unit" was \$6,220.) The average, however, of salaries and wage income only for full-time employees was approximately \$4,300. (*N. Y. Herald Tribune*, April 22, 1959.) While this represents a reduction in low-income families from estimates for the year 1948 when 25 per cent of families had money incomes of less than \$2,000, the change in the purchasing value of the dollar cancels out most of the statistical gain.

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for funds; but there is increased participation in campaigns federated with community chests and called united funds. Federal and state governments are active in promoting research and health education. There is concern with the increasing high cost of medical care and its unavailability to many, but thus far there has been successful opposition to government health insurance, which has been operating for many years in other countries. (The opposition is centered in the official agencies of the medical profession; a favorable attitude is prevalent among industrial leaders, labor unions, and social workers.) If the right to health is assumed to be an obligation of government, developments to date have not provided a comprehensive and adequate social system.

Government is also involved in the housing problem. State and federal funds are being made available for slum clearance, and for housing low and middle income groups. There is a great unfilled need in housing, but there are conflicts of opinion over the extent of the need and the way in which it should be met. According to Senator Herbert Lehman, one of the proponents of increased federal aid to housing, as reported in *Social Legislation Information Service* in 1956: "There are today 15,000,000 substandard dwellings in this country . . . new slums are being created faster than old ones are being eliminated, . . . unless a vastly expanded building program is instituted immediately an acute housing crisis would overtake the Nation within 10 years as a result of population increases and the increase in the size of families." Two attempts by the 86th Congress to enact liberal housing legislation in 1959 were defeated by Presidential veto, following which a third, less comprehensive measure was enacted into law.

Attention is also being directed to interracial and intercultural relations, centering on the basic relationships between white and colored groups. Progress has been made in a number of the northern and western states in the adoption of fair employment practice laws and the prohibition of discrimination on the basis of race, religion, or ethnic origin

in education, public accommodations, and publicly assisted housing projects. In 1954 the Supreme Court finally established the principle of nonsegregation in public education, and confirmed the principle subsequently in decisions on test cases. Efforts toward desegregation are proceeding but are being resisted and obstructed in some sections of the nation, for example in Little Rock, Arkansas, where all high schools were closed in 1958-1959 in an attempt by the Governor of the state to negate the law on desegregation. The U.S. Supreme Court has also ruled that restrictive covenants widely used in real estate discrimination are legally unenforceable.

Toward the end of 1957 and continuing into 1959 there were indications of a substantial recession in business and employment. The extent of unemployment was sufficiently heavy to strain the resources of the unemployment compensation measures and to exhaust benefit payments for many of the jobless. In 1958 it became necessary for the federal government to adopt an emergency unemployment insurance program making funds available to the states in order to enable them to lengthen their payment periods through borrowing federal funds. This program, expiring in March 1959, was extended until June 30, 1959. Total unemployment in the United States was 4,749,000 in February 1959, according to the U.S. Department of Labor. Sufficient business recovery had occurred by August 1959 to reduce the number of unemployed to 3,426,000.

PROFESSIONAL DEVELOPMENTS

Education for Social Work

The product of social reform and social change over the years has been a network of welfare services carried on by a variety of governmental and voluntary agencies. It has been recognized for a long time that if these functional activities were to be effectively performed, skilled personnel with technical or professional qualifications is essential. Schools of philanthropy, now known as schools of social work, were established, the

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first in the early 1900's. In the course of fifty years the concept of adequate preparation has evolved from that of an instructed apprenticeship to that of professional education within universities on a graduate level. To promote progress and improve standards, the American Association of Schools of Social Work (AASSW) was organized in 1919. The AASSW was absorbed in 1952 by the Council on Social Work Education (CSWE), formed in that year, which represents a co-operative undertaking for social work education of the graduate schools, the social agencies, and the professional membership association.

The formation of the Council on Social Work Education was one of the major results of a comprehensive study of the purposes, content, and methods of education for social work completed in 1951 by Ernest V. Hollis and Alice L. Taylor. To receive accreditation from the CSWE a school of social work must have an integrated course of study of not less than two academic years. A number of the schools are adding a third year of study leading to the doctoral degree in social work. The core of the curriculum in most of the sixty-three accredited schools consists of courses and field training with a major emphasis on casework and group work; the interest in community organization is for the most part secondary and underdeveloped. Of these three methods in social work, casework has had the most sustained growth and the most extensive development; group work has shown growth; and the teachers and practitioners of community organization are beginning to concern themselves with the need for formulating the theories and processes which will help to identify this field.

One of the basic recommendations of the Hollis-Taylor report was on the need to determine what positions in social work are properly professional, semi-professional, or technical. It has been estimated that in 1950 there were 75,000 social work positions in the United States of which only 16 per cent were filled by persons who had completed two years or more of graduate study, and 60

per cent by persons who had no social work education. It is a question whether this means a chronic and critical shortage of qualified personnel (only about 2,000 students receive the master's degree in social work annually) or a lack of realistic job analysis. The ability of schools of social work to prepare students for highly individualized casework practice and for the group work field is generally acknowledged, but it has been questioned whether most of the schools are adequate for preparing personnel with knowledge and skills in policy making, administration, and community welfare organization, or are geared to meet the staff requirements of the large public welfare services.

The Council on Social Work Education is aware of these and of other basic questions of recruitment for social work, curriculum development, the clarification of educational goals and programs, and of the necessity for research. It has initiated procedures in accord with these objectives. A three-year study of the curricula of schools of social work was completed in 1959 with recommendations for basic changes in the purposes, methods, and content of training for social work to be obtained in undergraduate and graduate schools and in field experience.

The Professional Membership Association

At the end of the war social work began to reassess its program and structure, and the professional membership associations were alert to changing conditions. In 1955 the National Association of Social Workers (NASW) was formed, representing a merger of seven separate professional groups. The largest of these was the American Association of Social Workers, established in 1921, with an interest in all of the varied fields of professional social work. The other associations which joined the NASW represented various types of social work specializations or methods and included the American Association of Medical Social Workers (1918); the American Association of School Social Workers (organized in 1919 as the American Association of Visiting Teachers); the American Association of Psychiatric Social Work-

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ers (1926); the American Association of Group Workers (1936); the Association for the Study of Community Organization (1946); and the Social Work Research Group (1949).

The desire for a merger, which had been growing for a number of years, found formal expression in the 1946 and 1947 Delegate Conferences of the American Association of Social Workers. In 1948, representatives of several groups met to consider the possibilities of establishing closer relationships. It took more than six years before an inter-association committee was set up and proposals fashioned for resolving all of the practical problems and questions involved in effecting a consolidation of forces.

The major purpose of the National Association of Social Workers is "to promote activities appropriate to strengthening and unifying the social work profession as a whole" and to promote the development of social work practice to meet "particular aspects of human need." The new structure provides in addition to generic membership, programs for five initial sections—group work, medical social work, psychiatric social work, school social work, and social work research. Committee activities have been developed for the fields of community organization and in international social welfare. At the completion of its fourth year of operation in the fall of 1959, the National Association of Social Workers had an enrollment of approximately 26,500 members.

SOCIAL WELFARE PROGRAMS TODAY— AN EVALUATION

After more than three centuries of growth and change the American social welfare system is a complex of governmental and voluntary services. The basic attitudes which determine the current trends in social welfare and social work are now relatively clear. Fundamental human rights enumerated by President Franklin Roosevelt as the "four freedoms" have become the aims of organized society and the responsibility of government. One of the four, "freedom from want," is being met through systems of so-

cial insurance, supplemented by other statutory provisions. While these latter provide only subsistence minimums, the elements of deterrence or harshness are no longer involved. Government is to be held responsible for dealing with economic dislocations and for supplementing private enterprise and voluntary initiative in the fields of housing and health services. Its continuing role in education, correctional services, and public works is no longer a matter for questioning. There is also a wide field for voluntary benevolence concerned with varying welfare and cultural needs. However, because of the latter's optional and therefore unpredictable character, it is no longer being looked to as the important element in providing for economic security. While some of the principles with which these welfare programs operate may be subject to change, our welfare system is based to a considerable extent on theories, policies, and lines of responsibility established by law and custom.

Social policy is determined by a complex of factors arising from the nature of our political and economic system. Legislation is enacted by individuals elected through the machinery of political parties in response to varying pressures and influences and as an expression of their own welfare ideals and sentiments. Many economic and cultural currents enter into the basic concepts of American citizens and their voluntary associations concerning the welfare aims of contemporary society and the means for achieving these aims. The social policies of voluntary organizations find their expression through three major types of associations: the political party; the organizations for furthering economic interests in behalf of owners, such as the National Manufacturers Association; and similar organizations of employees, such as the AFL-CIO. Various associations for philanthropic, religious, racial, professional, or other interests attempt to serve special group needs and interact with the three basic forms of voluntary association in the ultimate creation of social welfare policy and program. The major problem today is perhaps not in the discovery of new principles

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of welfare policy but how to extend our current principles more thoroughly and more adequately, and how to improve or create methods of service that will help to prevent or to solve problems that are not now yielding to our programs of treatment.

Social Welfare Programs and Social Work

Because social welfare programs today operate under varied auspices and are related to many different social, political, and economic institutions, the system would appear to be less well organized and more haphazard than is actually the case. A considerable measure of organization and simplification arises from the fact that the largest part of the program is now financed and/or centrally directed by governments. (For the fiscal year 1956-1957, aggregate governmental and voluntary welfare expenditures exclusive of those for education were estimated at \$27 billion, of which approximately 90 per cent came from government funds.)

This has facilitated but it has not completely solved the problem of adequate coordination and planning of public welfare under federal, state, and local administrations. A coordinated department of the federal government, the Department of Health, Education, and Welfare, was established in 1953 and its executive given cabinet rank, but other federal departments are also concerned with various social welfare programs, making interdepartmental committees essential. For example, a Federal Council on Aging, established in 1956, is composed of representatives of twelve government departments and agencies. Only one or two members of this Council are today considered as being a part of the social work group; there are also in it economists, financial experts, and specialists in health, housing, veterans affairs, and public administration.

The problem of coordination and community planning of welfare programs is considerably more complex among voluntary agencies. (The Bureau of Internal Revenue estimates that over 100,000 voluntary nonprofit agencies in this country are tax-exempt.) The chief instruments concerned with such

problems are the local councils of social agencies whose scope is determined by the individual interests of the voluntary welfare and health agencies which constitute the membership. Councils are frequently concerned with local public welfare questions, and some of the local governmental agencies in the health and welfare field are members. But these local bodies may be considered as being only in an embryonic sense the broad community planning instruments they hope to become. The national prototype of the local welfare council is the National Social Welfare Assembly, whose membership in 1959 consisted of 133 individuals nominated by 55 affiliate national voluntary organizations, 14 federal agencies, and 4 associate groups; and in addition to these, 88 elected members-at-large.

The problem of both national and local planning is complicated by the fact that basic community welfare institutions may be directed and staffed by persons who do not consider themselves as belonging to the profession of social work; many would classify themselves as belonging to other professional or technical groups.

Economic and welfare planning undertaken by individuals recruited from various professional fields is becoming one of the accepted functions of labor unions and associations of industrial and commercial interests. Planning in the health field is undertaken by public health officials and hospital administrators. There are specialized areas of administration and planning in education, corrections, public works, city planning, and related fields. Public housing developments are the concern of specialists, who are likely to be expert on physical more than on social aspects of housing. Psychiatry and clinical psychology are extending their activities into broad fields of behavior problems and social adjustment. There are specialists in the disciplines of sociology, psychology, anthropology, and the behavioral sciences studying problems of individual behavior and social organization. Practitioners from these academic and clinical fields are being utilized by business, industry, and government for re-

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search and consultation on various problems which are closely related to the interests of social workers. An effective structure for liaison between social work and these other welfare fields and for coordination and planning for this spread of welfare interests has not yet evolved.

While the interest of social work extends to all these fields of welfare, and social workers to some extent function in most of them, the large majority of social workers tend to engage professionally in limited and specialized aspects, serving in agencies utilizing casework or group work skills or raising funds for philanthropic purposes. Warning against this trend has been expressed by Hollis and Taylor as follows: "The social work profession in the last quarter century has predominantly concerned itself with . . . the improvement of the quality of individualized service. . . . Proportionately less attention has been paid to . . . enriching and expanding social welfare programs. The profession has accepted too little of a unified responsibility for appraising and improving social welfare institutions. A continuation of the concern with improving the direct rendering of service to individuals and groups, to the neglect of a study of the causes of individual and social maladjustment and the possibilities of broader programs of prevention, will seriously limit the expanding role of social work."⁴⁶

That professional social workers today are largely engaged in the individualized service of casework in both voluntary and governmental agencies stems from the depression and the transfer of relief to public auspices. This freed social workers from a primary concern with the unsolved problems of poverty and social maladjustment and enabled them to focus their interest on learning how the developing theories of psychoanalysis and psychiatry could be adapted to the helping procedures of social work.⁴⁷ Through this development psychiatric social work has been able to make a real contribution to both theory and administration of mental hygiene

services, and to an understanding of the emotional as well as the environmental factors that determine individual behavior and adaptation to group and community life. There are, however, many unresolved questions in the relation of social work to psychiatry in both clinical and social agency settings, such as, if clinical psychiatry develops into social psychiatry, what shall be the differential roles of the doctor and the social worker?

Some indications are apparent today, on the other hand, that there is an increasing interest in the requirements of social planning on the part of social workers, as shown in the programs of the professional body, the National Association of Social Workers, especially in the work and the publications of its Commission on Social Policy and Action.

There is danger of a widening gap in the focus of responsibility of the voluntary in contrast to that of the governmental welfare services. Increasingly the marginal and dependent groups of the population are being cared for by governmental agencies whose staffs are charged with administrative, not with legislative responsibilities. Casework agencies, group work centers, and other welfare institutions under voluntary auspices are tending to develop services for needs and conditions which cut across economic class lines. This is a healthy and desirable development; it overlooks the fact, however, that a large residue of poverty remains unsolved. Today's emphasis is on prosperity and the mental hygiene problems which loom large in a period that has been characterized as an "age of anxiety," and large and fundamental social issues are perhaps being overlooked.

There are tendencies throughout history in all types of human societies to place some sections of the population in a sub-human or substandard status. This may arise from economic, cultural, racial, or religious relationships. The battle to achieve a completely democratic society free from the exploitation of class by class, of group by group, and of individual by individual is the basic history of social reform throughout the ages. Social work belongs in this tradition, which it shares

⁴⁶ See Hollis and Taylor, *infra*, p. 142.

⁴⁷ See Boehm, *infra*.

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with many other professions and with the best creative spirits of the age. The history of American social work illustrates this in the movements for the abolition of slavery, improvements in the conditions of the working class, the humanizing of prisons, almshouses, and mental hospitals, desegregation, and other welfare programs. Contemporary social work is an aspect of the perennial attempts that man has made to improve the conditions of life and promote the general well-being. It is a relatively new profession, with its immediate roots in nineteenth century society dominated by the principle of *laissez faire*. It is finding itself in the second half of the twentieth century functioning in a society which is moving toward the goal of an organized "welfare state." The beginnings of an interest in research and the development of a scientific basis may more effectively help to relate contemporary social work to the varied community programs for social welfare which continue to develop in this age of intensified mechanization.*

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*Interest in the history of American social work resulted in the organization a few years ago of the Committee on the History of Social Welfare with a membership of social workers and historians. The writer is indebted to this Committee and its secretary, Ralph E. Pumphrey, for enlisting the help of Robert H. Bremner, Associate Professor of History at Ohio State University, who read the author's 1957 *Social Work Year Book* article on this topic and suggested a number of additional items for inclusion in this revision. Professors Merle Curti and Irvin Wyllie of the History of Philanthropy project at the University of Wisconsin concurred in these suggestions which the author has tried to incorporate in this revised article. Acknowledgment is also made to Professor Arthur Dunham of the University of Michigan School of Social Work for some helpful corrections and suggestions.

†For addresses of periodicals listed see Appendix.

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HARRY L. LURIE

THE FIRST TWENTY-FIVE YEARS OF THE SOCIAL SECURITY ACT, 1935-1960.

When President Franklin D. Roosevelt signed the Social Security Act in 1935, he prophetically called it the "cornerstone in a structure which is being built but is by no means complete. . . ." In the twenty-five years which have passed since the Social Security Act first became law, many significant changes have taken place in the legislation, in socio-economic conditions, and in the role of social work in tackling social problems with some of which the Social Security Act attempted to deal.

Today the social security program is taken for granted by social workers and most of the community as a basic part of the warp and woof of the "American way of life." But it was not always so. As in the case of any great social reform, there were many powerful influences prior to 1935 opposing the basic principle of public responsibility embodied in social security. Even at the present time there are influential groups in the community power structure who, unable or unwilling to be specific about programs or provisions they dislike, attack "the welfare state" in general but, in times of recession, highly praise "built-in stabilizers" for their contribution to the resurgence of the economy. Social workers have been among the leaders in the movement for the enactment and improvement of social security.

To understand some of the past and current proposals, the controversial issues surrounding them, and prospects for future action, an examination of the developments of

the program in the past twenty-five years is essential.

Perhaps no other single piece of social legislation concerned with domestic policy adopted in the past quarter-century has been more far-reaching than the Social Security Act in helping to promote the well-being and happiness of the American people. Under this one Act, there exists programs of old-age, survivors, and disability insurance; unemployment insurance; federal grants to the states for the needy aged, the blind, dependent children, and the permanently and totally disabled; and maternal and child health, crippled children, and child welfare services. It can be said unequivocally that the social security system of nationwide social insurance and federal grants-in-aid programs for public welfare has become a permanent part of the basic fabric of the nation's social institutions, and that these programs have the support of both major political parties and the overwhelming majority of the American people.

Twenty-five momentous years of social security have been completed. Much has been accomplished in this time, more than many people expected when the limited program initially was established in 1935. The vision of the framers of the social security system has provided a basic structure which has remained unchanged. Yet there are important gaps and striking inadequacies which still demand attention. As the program enters its second quarter-century, what does the social security balance sheet show in terms of assets and liabilities? What changes in program emphasis are required to meet the challenges, the problems and prospects, in the decades ahead? What should be the role of social work in coping with these issues?

Many questions such as these come to mind on the twenty-fifth anniversary of the enactment of the Social Security Act. As social work looks ahead and tries to fathom the future, it can gain reassurance in the substantial achievements of the Act, past and present, and the part social work has played in bringing these about.

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Social Security Objectives

The Social Security Act of 1935 was passed by the Congress, and became law on August 14, 1935, with the objective of meeting certain specific immediate needs and helping to prevent some types of future want and dependency. Through the federal-state partnership implemented by federal grants-in-aid, assistance became available early in 1936 under the federal-state program for needy persons in three groups of the population that, in good times as well as bad, have little or no capacity to earn their own living—the aged, the blind, and children deprived of parental support or care through the death, absence from the home, or physical or mental incapacity of a parent. Longer range provisions of the Act were designed to provide insurance benefits for employees in commerce and industry that would furnish some income in old-age retirement and during limited periods of unemployment.

The popular idea of “social security” has often given exclusive emphasis to the provisions in the legislation for the aged and to income maintenance. This is not a correct estimate of the social security program. It is highly significant that the original law also included grants-in-aid to the states for maternal and child health and welfare services, public health services for the whole community, vocational rehabilitation services, and financial support for the expansion and maintenance of a nationwide employment service. The aid to dependent children (ADC) and child health and welfare provisions of 1935, the survivors insurance provisions of 1939, the amendments of 1956 incorporating social service objectives in the public assistance program, and the broadening of child welfare services in 1958 illustrate the important role that family welfare has had in the original and subsequent development of the law.

During the twenty-five years, many important and far-reaching changes in the social security law and administrative organization have been made. Most of these have been beneficial—but not all of them. On the whole,

these changes reflect not only amendments to keep the program in line with rising levels in earnings and living costs and with administrative experience but also reflect a broadening and changing character, scope, and concept of “social security.”

Integrity of the Family

Over the years the social security program, step by step, has given increasing recognition to the significance of the family as a unit and the importance of family welfare. This trend is becoming more apparent in some programs than others. There are also serious blocks to further progress in this area which require removal.

The public assistance provisions in the original law affirmed the importance of family life by limiting the use of federal funds for needy aged or blind persons to those who were not inmates of public institutions, and funds for needy children to those who were living in family homes in the care of one of a number of specified relatives. Moreover, the Act affirmed the dignity and responsibility of recipients by specifying that aid was to be given in the form of money which the receiver was free to spend as he deemed best for his welfare, rather than as aid in kind, such as orders for groceries or fuel, which too often reflected condescension and unwarranted suspicion of the recipient in past relief administration.

The emphasis in old-age insurance was shifted from the individual to the family by the legislative changes made in 1939. Benefits were added for the aged wife and minor children of a retired insured worker and for family dependents of insured workers who die either before or after retirement. Insurance benefits to dependents and survivors were broadened and increased by the amendments of 1950, 1954, 1956, and 1958; and disability insurance benefits were added in 1956.

Survivors insurance benefits, aid to dependent children, and child welfare services all are parts of the social security program designed to aid in preserving and strengthen-

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ing family life. The capacity of ADC to safeguard family life was strengthened in 1939 when Congress increased the federal matching share from one-third to one-half, and again in 1950 when Congress provided that federal grants could be used in payments that include the needs of the mother or other relative who cares for the children as well as the children themselves. The Social Security Amendments of 1956 gave concrete expression to the need for services to preserve and maintain family life through the ADC program. Such services, however, are still limited and are developing very slowly.

The original appropriations authorized for maternal and child health, crippled children, and child welfare services were increased in 1939, 1946, 1950, 1956 (child welfare only), and 1958. The transfer of the Children's Bureau to the Social Security Administration in 1946 made it possible to try to more closely relate child welfare with the insurance and assistance programs dealing with children and families. However, much more remains to be done to develop an effective and coordinated program at the federal, state, and local levels to strengthen family life.

State unemployment insurance laws are an important part of the social security program that helps to maintain family income. Unemployment insurance benefits not only keep families from lowering their standard of living unduly but reduce the anxiety and friction which inevitably result when no money is coming in to pay the grocery and rent bills, insurance and medical expenses. Only about one-fourth of the states, however, recognize the importance of providing additional benefits where the unemployed individual has family dependents. The movement for including dependents benefits is not likely to make much further progress as long as unemployment insurance is currently financed almost entirely by employers with a preoccupation on varying contribution rates through "experience rating."

Originally unemployment insurance at the federal level was administered by the Social Security Board along with old age insur-

ance and public assistance, with the objective of stressing the program interrelationships and common philosophic principles. However, in 1949 the federal administrative responsibility was transferred to the Department of Labor. Thus the unity of the social insurance programs so urgently hoped for by the sponsors of the 1935 Act was broken. Today, unemployment insurance is still divorced from the mainstream of social objectives and social insurance philosophy; its potentialities for preserving family responsibility and family integrity are still largely unrealized.

Despite the limitations of existing programs, in countless homes insurance or assistance payments mean that an old couple can live out their remaining years together in a familiar setting, near their relatives and friends and with their cherished possessions; that children in families broken by death or separation or impoverished by the breadwinner's disability can continue to receive their mother's care instead of being parceled out among relatives or left without supervision while the mother takes outside work; that many families in which earned income has been cut down or cut off by unemployment, disability, or old age have an assured income that they can use just as others in the community use their money, continuing to plan and manage their own family affairs.

The billions of dollars paid out under programs established under the Social Security Act can be added, and so can the number of persons—old, young, and in the working ages—to whom these payments have gone. What cannot be computed is the self-respect and peace of mind made possible by these programs in homes into which pay envelopes no longer come, the strain and worry and humiliation averted from parents and from children whose lives otherwise might have been scarred by the anxieties of their elders or by separation from home and parents. In the midst of just concern about the social maladjustments in American homes, it is well to remember the far greater number of homes where high standards of conduct have

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been upheld in the face of adverse circumstances, frequently with the aid of the modest social security payments and limited social services provided during the past twenty-five years.

While the social security program has done much to help in strengthening family life, there are vast problems still unmet and unsolved. There are still many low-income families with children. There is still a substantial amount of uncompensated wage-loss caused by sickness, disability, and unemployment. There are still delinquent, neglected, and deprived children. There are many areas without trained public assistance and full-time child welfare workers. Aid to dependent children is still grossly inadequate. Health, welfare, recreation, and other social services are not available to all families in every community. Social insurance benefits are inadequate in many cases. Social objectives are subordinated to fiscal considerations in unemployment insurance. Medical care of high quality is not actually available to all who need it. These are some of the unfilled needs and controversial areas with which social work must deal in the decade ahead.

The Human Element

Program developments in social security have been the product of many complex social, economic, political, financial, and legislative changes. But these factors operated only through the medium of particular human beings with their special capabilities and limitations who took responsibility and leadership for conceiving, achieving, and administering these changes, often under great handicaps. We must never forget the important role in the evolution of social legislation played by responsible and dedicated men and women, politicians, social workers, social reformers, and administrators. Mr. Justice Holmes expressed the thought which is particularly pertinent to social legislation, that the inevitable only comes to pass through the effort of human beings.

The roster is long of those whose ideas and energy made a significant contribution to the progress of social security in the past

twenty-five years. First Franklin D. Roosevelt, then Harry S. Truman, and later Dwight D. Eisenhower gave leadership and support to social security in their recommendations to the Congress. Among the Congressional leaders were Senators Robert F. Wagner, Pat Harrison, Walter F. George, Robert W. Kerr, and Eugene Milliken; Representatives Robert L. Doughton, David Lewis, Jere Cooper, Wilbur D. Mills, Daniel Reed, and Robert W. Kean, all of whom at one time or another played a key role in translating general ideals and policy into specific legislation. Frances Perkins, Harry Hopkins, and Edwin E. Witte were the pioneers in developing the original legislative program in 1934. Arthur J. Altmeyer was not only a key person in the development of the original legislative program but, through policy formulation and administration—as a member, then Chairman, of the Social Security Board and Commissioner of Social Security for eighteen years—he set the basic patterns which made the program a working reality. Aided by John Winant, J. Douglas Brown, Murray Latimer, George E. Bigge, Mary Dewson, and Ellen Woodward, the program was established on a sound basis with community support. Oveta Culp Hobby, as the first Secretary of Health, Education, and Welfare, and her Under Secretary, Nelson Rockefeller, advocated the strengthening of the existing system in 1954, rejecting proposals by business, insurance, and Congressional groups that many persons feared would have altered the basic principles on which the social security system had been developed.

William Green, George Meany, Philip Murray, Walter Reuther, Nelson Cruikshank, and Katherine Ellickson, as the representatives of labor, have made significant contributions to the program. The American Federation of Labor-Congress of Industrial Organizations (AFL-CIO) has been a major force, formulating proposals and helping to obtain passage of key amendments, especially in 1956 and 1958. Abraham Epstein and John B. Andrews, through their patient educational work over many of the years, especially in the 1920's, helped create the changed climate

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of public opinion which made possible the passage of the original Social Security Act. Gerard Swope, Marion Folsom, Walter Teagle, Morris Leeds, and Sam Lewisohn were among the businessmen of vision who, as members of the first Advisory Council on Social Security in 1934, helped the institution get started.

John Tramburg, Charles Schottland, Loula Dunn, Jane Hoey, Katherine Lenroot, Elizabeth Wickenden, Jay Roney, and many other men and women in public welfare administration have helped in building the program at both the state and federal levels. Public welfare personnel and social workers and their associations have played an active and important role in urging the continuing extension of social insurance and the efficient and humane administration of all social security programs.

Many other persons and groups could be mentioned who have played an important part in establishing, improving, administering, or interpreting the social security program. The list would be long and impressive. The purpose in selecting some of the names for mention is to remind us of the many different people who contributed to a program that has been characterized as "no longer an experimental innovation but has become an integral part of our economy." Young men and women today in state and federal programs, in schools of social work, in local employment security and welfare agencies, all have an opportunity to contribute to improving the program.

Some groups have opposed some proposals. Business groups, insurance companies, and the American Medical Association have been in the forefront of opposition to particular measures. This opposition seems to be mounting. It must be kept in mind, however, that social legislation is the product of the consciousness of social needs, conflicting points of view, intense controversy, cooperation among various groups, compromise, and timing. The original Social Security Act and its amendments illustrate these forces at work in the crucible of hard reality. Many persons will find fault with particular provisions of

the legislation. But, as a whole, they are a blending of many points of view represented in our complex, diverse, and changing economy.

What is possible in social legislation at one moment of time is not always possible at another. Disability insurance, for instance, probably could have been enacted in 1935 along with the original law. But it wasn't. The disability insurance provisions passed by the House of Representatives in 1949 might have passed in 1950 if Senator George had supported it. But he didn't. But it passed in 1956 with an age limitation of 50 years largely because Senator George changed his mind and, as his last important act as a Senator, made it a major policy issue, with the help of Senators Lyndon Johnson and Robert Kerr. Thus, it finally passed, after seventeen years of work, with the help of many persons and groups who had to overcome one of the strongest coalitions of forces (business, insurance, medical, and the Secretary of Health, Education, and Welfare) opposing social security legislation in its history.

The record of the first twenty-five years of social security is a proud heritage for the many thousands of persons engaged in the administration of public welfare. There are, however, frontiers still to be conquered. The remainder of this article attempts to summarize the present status of the social security program and to indicate some of the areas which need attention.

Extension of Insurance Coverage

Just prior to the 1950 amendments, old-age insurance was a relatively small program. Benefits at that time averaged only about \$26 a month for a single retired individual. Total disbursements under the program in early 1950 were running at about three-quarters of a billion dollars annually, less than ten per cent of the \$10 billion now being paid out. And the number of persons receiving old-age assistance on a needs test basis exceeded the number of aged persons drawing old-age insurance up until 1951.

Congress made a vital decision in 1950 "to reaffirm the basic principle that a contributory

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system of social insurance . . . is the most satisfactory way of preventing dependency." It decided that old-age and survivors insurance really would be the first line of defense in meeting the income-maintenance needs of retired aged persons. By 1951 the number of aged persons receiving old-age insurance had exceeded the number receiving old-age assistance. The reiteration and extension of the 1950 policy in 1954 by a new Administration, after careful study and review of the controversies of the previous eighteen years, enabled the system to accelerate the performance of the far-reaching role set out for it by Congress in 1950.

Today, old-age, survivors, and disability insurance (OASDI) is the largest and most important social insurance program in the United States, dwarfing any other social insurance program and even the veterans' programs. In protection afforded to employees and their wives it exceeds the coverage and protection of all private pension plans in the United States. In protection afforded to widows and orphans it is equivalent to the face value of all the private life insurance protection in the nation. In protection afforded to the permanently totally disabled it exceeds the coverage and protection of private insurance. Moreover, it does all this in a way which has not adversely affected initiative, thrift, or voluntary pension or life insurance plans, has preserved emphasis on self-responsibility and wage differentials, and has operated at the phenomenally low administrative cost of only two per cent of disbursements, while paying benefits totaling nearly \$50 billion in the past twenty years on an efficient basis without any taint of political manipulation or scandal.

A group of business executives appointed in 1957 by the Secretary of Health, Education, and Welfare surveyed the operations of the Bureau of Old-Age and Survivors Insurance. They found that the Bureau is "carrying out its mission in a sound and vigorous manner" and commented favorably on their "impression of both efficiency and friendliness created by the typical OASI district office."

It is this enviable record that makes it pos-

sible to discuss the issues involved in still further broadening, expanding, and improving the insurance program to cover new risks.

The studies by the Committee on Economic Security in 1934, preceding the establishment of the social security program, recognized that the risk of loss of livelihood in old age was so nearly universal that the coverage of the old-age insurance program should be as broad as possible. Administrative considerations, however, dictated the decision to cover only employees in commerce and industry at the start. These were groups for which wage reporting and collection of contributions could be organized with less difficulty than in such excluded areas as agricultural employment, domestic service, and self-employment, even though workers in these and other excluded fields also needed protection because of their generally low earnings and irregular employment.

Administrative considerations were of particular importance at the start of the program because the insurance system relates benefits to individual earnings and hence keeps an individual record of covered earnings for each of millions of workers throughout their working lives. Some pessimists predicted that such a system could not be maintained at all or, if so, only at exorbitant cost. Despite those predictions, payment of benefits, including the added benefit for dependents and survivors, was started at an earlier date than had been scheduled initially, and the system has continued to operate efficiently and economically as coverage and benefits broadened, demonstrating the feasibility of operating a vast public program efficiently and economically and, at the same time, with courtesy and individualization.

In 1950, coverage was extended to most urban self-employed persons (except certain classes of the professional self-employed), to regularly employed agricultural and domestic workers, and, on a voluntary group basis, to lay employees of nonprofit organizations and to many state and local government employees. In 1954 Congress further amended the Act, making it possible for coverage to be extended to some 10 million persons who,

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at some time during a year, have earnings as farmers or in previously excluded jobs in agriculture, or in domestic service, and to additional groups of state and local governmental employees, and persons in other employments. In 1956, military service was covered under the program on a permanent contributory basis and 850,000 additional jobs in other groups were included. With these major extensions, coverage of substantially all gainful work in the United States is within sight—a goal that seemed politically and administratively unattainable twenty-five years ago. There are still some big hurdles to overcome. But further progress in extending coverage appears possible in the future. With universal coverage, the possibility of “blanketing-in” of the uninsured aged again may be examined for legislative consideration in the changed context of the 1960’s.

Broken Families

The addition of survivors benefits to the federal old-age insurance program in 1939 gave the system new meaning for American families during, as well as after, the breadwinner’s working years. Together, private life insurance and the survivors insurance provisions of OASDI protect American families against a risk which fifty years ago was the major cause of dependency and want in the United States. This protection, that is, the face value of all the life insurance protection in the United States, totals about a trillion dollars!

The survivors benefits brought an important and needed protection for aged women who commonly outlive the husbands whose earnings have been the chief source of family livelihood. Even more important in terms of the numbers of persons concerned and the social potentialities, survivors benefits assured continuing income for the children of insured workers and the mothers of these children in the event of the worker’s death. This protection of childhood is especially important in that it is ordinarily established in the early years of family life, when parents have had little time or opportunity to build up other resources against the catastrophe of loss of

family support by the breadwinner’s death.

Within a few years after the survivors insurance benefits were established, the number of fatherless children receiving insurance benefits began to exceed the number of fatherless children receiving aid to dependent children. At the end of 1957, there were about seven times as many fatherless children receiving survivors insurance benefits as were receiving ADC.

In December 1934 there were about 2.8 million fatherless children under age 18, 7 per cent of all children under that age. By the end of 1957, when their total number was down to about 1.9 million and to about 3 per cent of all children, about 70 per cent were receiving monthly insurance benefits as survivors of insured men, and about another 5 per cent were receiving ADC. Over 90 per cent of the nation’s children under age 18 are insured by public programs against loss of support by the parent’s death.

While orphans were declining in number and insurance payments were reaching an increasing proportion of them, the number of families broken by marital difficulties was on the rise. In consequence, the need for assistance to such families was increasing and a progressively larger proportion of the ADC caseload comprised those who had been deprived of normal support or care because of the continued absence from home or the incapacity of either parent. This trend is expected to continue and to present a serious problem requiring increased attention of welfare personnel, public and private. In mid-1959, there were 2.3 million children receiving ADC, of whom 11 per cent received aid due to the death of the father, 26 per cent due to the disability of the father, and about 63 per cent due to the absence of the father from the home.

Two important trends with significant implications for the future are evident in the public assistance programs: caseloads in old-age assistance (OAA) are declining slowly but are increasing rapidly in ADC. The total number of recipients on the ADC rolls (including adult caretakers) already exceeds the number on the OAA rolls. If present trends

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continue, within a few years the number of children on ADC will exceed the OAA caseload. At that time, the ADC caseload may represent close to one-half of the total public assistance caseload in the United States. If further improvements are made in the insurance programs to reduce OAA, then ADC will become the predominant assistance program.

Old Age Security

At the end of 1934, about half of all persons age 65 or over were estimated to be mainly or wholly dependent on relatives and friends for their support. Except for the development of the public income-maintenance programs for the aged, the burden of such dependency would have increased rapidly as the aged population grew at the average rate of 3 per cent a year, twice as rapidly as the total population. In December 1958, however, more than 80 per cent of the aged had income under social insurance and related programs and/or public assistance, in contrast to a little more than 10 per cent with such income 25 years earlier.

The great gain over the 25 years in assured old-age income has been through the development of social insurance and related programs. In December 1934 only about 5 per cent of the aged received payments under the programs of these types then in existence—public employees' retirement systems and veterans' pension and compensation programs. Twenty-five years later, social insurance and related payments went to almost 70 per cent of the aged population, OASDI alone benefiting about 60 per cent.

Public assistance provided the principal support for a little less than two million aged persons (about 12.6 per cent of the total number) at the end of 1958 and supplemented OASDI payments for another 700,000 (about 4 per cent of the total number). Since the autumn of 1950, the number of OAA recipients has declined steadily in relation to the aged population, as progressively more persons 65 and over have become eligible for OASDI.

The expansion of OASDI has not adversely affected private insurance for old age, survivorship (life insurance), or disability. Private provisions for old-age retirement have grown spectacularly in the past ten years. The post-war expansion of private group pension plans brought the number of aged beneficiaries of such plans in December 1957 to 1,250,000, the majority of whom also received OASDI.

Despite the progress made, there is still need for many improvements in the OASDI and OAA programs. Benefit amounts are still too low in many instances. More rapid adjustments to increased earnings and prices are necessary. Some persons are still uninsured. Medical needs of many older and disabled persons are unmet. These problems remain to be solved in the years ahead.

Unemployment Insurance

To replace part of the earnings lost by jobless workers, the Social Security Act established a federal-state system of unemployment insurance in 1935. A tax-offset device in the federal act effectively encouraged the individual states to set up their own systems under broad federal standards. Whereas only Wisconsin had an unemployment insurance law at the beginning of 1935, all jurisdictions had such legislation by the middle of 1937. Employer contributions began in 1936 in half the states, and benefits first became payable in all states by the summer of 1939.

The protection of the program grew as employment expanded and many states extended coverage beyond the original federal provision (establishments employing eight or more). But as the economy swung into an all-out war effort, the role of unemployment insurance changed. Unemployment dropped to an unprecedented low in 1944, and benefit payments served to tide workers over during short periods of unemployment resulting from conversion from civilian to military production and from one type of war work to another.

Unemployment insurance contributed immeasurably when the war ended in smoothing the transition to peacetime production, cushioning the transition to peacetime production, cushioning

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ioning the impact of mass layoffs from war plants in 1945 and 1946 for the individual and also for the economy.

The federal-state unemployment insurance program did not have to bear the full brunt of the postwar economic readjustment. In anticipation of the effect of mass demobilization in adding millions of returning servicemen to the already expanded labor force, Congress enacted the Servicemen's Readjustment Act in 1944. Of the 15 million World War II veterans, more than 9.5 million filed unemployment claims for "readjustment allowances" under that Act in the five years ended August 1949. Their benefits during that period totaled \$3.8 billion paid out of general revenues. More than \$1.5 billion was paid in servicemen's readjustment allowances from general revenues in 1946 while only \$1.1 billion in benefits was financed under the regular state unemployment insurance program.

The recessions of 1949-1950, 1953-1954, and 1957-1958 tested the ability of the program to cope with sudden and widespread unemployment. Again unemployment insurance played a constructive role as it had in a variety of economic climates. However, experience during each of these periods demonstrated that the federal-state unemployment insurance system did not afford sufficient protection to unemployed persons and their families during a recession.

Early in 1958, after the recession had begun, the executive and legislative branches of the federal government concluded that the federal-state system of unemployment insurance was not adequate to meet the unemployment emergency without federal action. As a result, emergency stopgap legislation was enacted to provide temporary unemployment compensation benefits by advancing funds to the states to increase the duration of state benefits by 50 per cent.

At the time emergency action was taken there was in excess of \$8 billion in the state unemployment insurance reserve funds. But a very large proportion of this money was not available in states experiencing heavy unem-

ployment. As a result, in mid-1959, after the main thrust of the recession had receded, there was a total of nearly \$7 billion in state unemployment reserves which was "available" but had not been used. Yet, during the 1958 recession, the federal government had to advance to the states \$600 million out of general revenues, under the Temporary Unemployment Compensation Program, to meet the need for increased duration of unemployment benefits.

The weaknesses in the federal-state unemployment insurance system thus were clearly demonstrated by the emergency federal legislation for loans while there were substantial over-all reserves.

Both the coverage and duration of unemployment benefits have been improved by the states during recent years. State unemployment insurance laws have been broadened to include smaller concerns. In 1954, Congress amended the federal law to extend coverage to covered employers with four or more employees and to federal government employees. Provision was also made for a loan fund of \$200 million to assist states whose funds run low. Not all states, however, provide benefits for even a uniform duration of 26 weeks, nor have weekly benefits in all states reached at least 50 per cent of the workers' gross earnings in covered employment. A number of states, however, improved their laws in the face of a threat of federal standards and it is likely that continued progress will be made in improving the benefit structure of the program in the next decade. Whether the states can and will achieve satisfactory protection without additional federal benefit standards and a federal reinsurance fund remains a challenging and controversial issue.

Disability Protection

From the outset, the social security program has recognized the individual and social importance of meeting risks of sickness and disability, not only in the provisions for services for maternal and child health and for crippled children but also in those for assistance to the needy blind and to children whose

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need arose from the parent's physical or mental incapacity. In 1950, resources to counter need arising from disability were augmented by the establishment of federal grants for public assistance for needy adults who are totally and permanently disabled. In 1952, Congress first enacted a "disability freeze" provision in the insurance program but it did not become operative. Then, in 1954, Congress made the provision effective. Periods in which a worker has been totally disabled, as defined in the law, are omitted in computing his insured status and the average earnings on which his eventual benefit and benefits to his dependents or survivors are based.

A program of cash benefits for periods of extended total disability passed the House of Representatives in 1949 but failed of enactment. Legislation to provide cash benefits, as part of the Old-Age and Survivors Insurance system, to insured persons totally disabled for an extended period of time beginning at age 50, was enacted into law in 1956. This was an important step in the development of social insurance. The disability insurance provisions were adopted in the Senate by a close vote of 47 to 45 after a vigorous debate and controversy. What originally began as a limited old-age insurance system in 1935 became a broad social insurance program by 1956, covering three major risks. A new dimension had been added to social institutions in the United States.

In December 1958 there were about 5.7 million persons in the United States with disabilities lasting six months or more. Of these, an estimated 3.1 million were in the age group 14 to 64 and hence would have been at work or seeking work except for their disability. With the rise in the proportion of the aged in the population, and the ability of modern medicine to prolong the life of many disabled persons, the number of persons with long-term disabilities (more than 6 months' duration) appears to have been increasing more rapidly, both absolutely and relatively, than that of persons with short-term disabilities.

Public provisions to offset the actual or potential wage loss among disabled persons

and their dependents have been extended in recent years. In 1935, protection through public programs was confined to work-connected disabilities under state and federal workmen's compensation laws, to service-connected and nonservice-connected disabilities under the veterans' and armed services programs, to sickness and disability under programs for employees of federal, state, and local governments, and to special programs for the blind in about half of the states.

Since that time, in addition to disability insurance in OASDI, both permanent and temporary disability benefits have been provided under the railroad retirement system, and temporary disability insurance programs have been adopted for industrial and commercial workers in four states (1942-1949). Assistance to the needy blind is now provided in all states. Aid to the needy permanently and totally disabled in mid-1959 was being paid in all but five states. As a result of the delay in enacting a general social insurance program providing cash disability benefits to persons of any age, and the restrictions in disability protection under private plans, the veterans' and public assistance programs still are bearing the brunt of the public burden of income maintenance for the long-term totally disabled.

Private provisions against the risk of extended disability have expanded in recent years, especially in connection with private plans under collective bargaining, but the number of workers with such protection is still relatively small. More extensive has been the growth of private protection against the risk of temporary disability, the development of voluntary cash sickness plans, and the widespread purchase of individual and group disability insurance. This has resulted in strong and continued opposition to public legislation for temporary disability from business and insurance groups. Disability insurance continues to be a controversial area of social security legislation.

Public Assistance

For government to assume financial responsibility for the needy is not a new principle

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in the United States. Since the early colonial days, following the tradition of the Elizabethan poor law, local units of government were responsible for providing assistance and medical care to the poor. But they generally lacked the financial resources with which to carry out this responsibility adequately. As a result of social and economic forces, first state and then federal financial aid became necessary to supplement the financial resources of the locality to provide cash assistance and medical care to the needy.

The original Social Security Act of 1935 provided that the federal government share only in "money" payments made to the needy aged, blind, and dependent children receiving public assistance. This was done to discourage the states from issuing grocery and rent orders and to encourage a sense of responsibility on the part of the recipient in his use of assistance payments. This resulted in a tremendous improvement in welfare standards and is one of the great achievements of the 1935 Act. Medical needs could be included as one of the items in the budget for needy individuals but the money payments had to be "unrestricted" in their use. Hence, there was no federal reimbursement to the states for direct, or "restricted," payments they made to "vendors" (that is, providers) of medical care, such as physicians, dentists, nurses, hospitals, or druggists.

In amending the law in 1950, Congress narrowly limited the federal financial share for direct payments for medical care to that portion which, when added to the regular money payment to the individual, did not exceed \$50 per month for adults. The maximum for adults was increased to \$55 per month per *individual*, and to \$60 in 1956, and to \$65 on the *average* in 1958. Other maximums are provided for dependent children.

In 1956, the law was amended to provide a specially ear-marked arrangement for medical care (\$6-\$3 matching plan). Outside of, and in addition to, whatever federal funds were available for money payments to needy individuals, the federal government offered to share in state payments to the vendors of

medical care. The federal government, however, limited its financial responsibility in both cases by setting up certain maximums beyond which a state could not claim reimbursement. These provisions were very substantially changed and improved by legislation in 1958 in two respects:

(1) The maximums in the federal law on the payment to the recipient, and on the vendor expenditures made in his behalf in the form of medical care in which the federal government will participate, are combined into one *average* maximum for all recipients in a state, which maximum is applicable to the entire assistance expenditure, including both money payments and medical care. For old-age, blind, and disability assistance, this maximum was placed at \$65 a month. For dependent children, the maximum was placed at \$30 a month per individual receiving assistance.

(2) The federal share is determined in part by the relative fiscal ability of the state as measured by state per capita income.

The federal share of assistance expenditures for the aged, blind, and disabled was continued at four-fifths of the first \$30 of the average monthly assistance expenditure. For children, the federal share was continued at fourteen-seventeenth of the first \$17 of the average monthly assistance expenditures for individuals receiving aid. Federal participation in the assistance expenditures made above these maximums (but within the over-all limits determined by multiplying by \$65 the number of persons receiving old-age, blind, and disability assistance each month and by \$30 the number of persons receiving ADC each month) is increased above the previous 50-50 matching for the lower income states. Federal participation in such payments is 50 per cent for states whose per capita income is equal to or above the per capita income for the United States, ranging upward to 65 per cent for states whose per capita income is below the national average.

These changes in 1958 were the result of protracted efforts to improve public assistance. Still further changes are needed. Federal sharing in general assistance and the removal

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of residence and settlement laws so that assistance can be given solely on the basis of need are of special concern to social workers. The absence of health insurance coverage protecting the lowest income groups in the population may require additional funds and program planning in public assistance. At the beginning of 1960, an Advisory Council on Public Assistance, established by federal law, reported its recommendations for further changes in the program. The goal of a comprehensive public welfare program underpinning a comprehensive social insurance program remains an ideal still to be fulfilled.

Increasing Emphases on Public Welfare Services

Services to individuals and families have become increasingly important in all aspects of the social security program as a major means of preventing or mitigating economic and social insecurity. Close coordination of services and benefits has always existed in the employment security program. Workers who claim unemployment benefits must report and register for work at public employment offices, thus initiating efforts that may get them what is better than a benefit—a new job. The employment service aids in counseling and placing workers, giving particular attention to handicapped persons, older workers, new entrants into the labor market, and other workers requiring special service. Increasing attention is being given by the employment service and other community agencies to services for older persons.

The 1954 and 1956 amendments relating to disability recognized the importance of rehabilitation services by providing for the referral of disabled persons to state vocational rehabilitation agencies. These agencies will be in an increasingly better position to recognize and aid, frequently in an early phase, persons for whom appropriate medical and vocational counseling may prevent more serious disability or restore working capacity. There is similar collaboration between the state public assistance and vocational rehabilitation agencies in locating and assisting incapacitated assistance recipients.

The statements of purpose in all four public assistance programs were amended in 1956 to specify that, in addition to enabling states to give financial assistance to needy people, the purpose is also to enable states to furnish appropriate public welfare services to help assistance recipients toward independent living. The amended statement in aid to dependent children emphasizes that a goal of the program is to help maintain and strengthen family life and to help keep children in their own homes. In the program for the aged, blind, and disabled, the amendment makes it clear that services should be directed to assisting individuals toward self-support or self-care.

Many states are now beginning to give wider recognition to services focused on rehabilitation and prevention in their public assistance programs. Under the 1956 amendments, states are required to outline the services, if any, that are provided under each of the four assistance programs and the steps taken to assure maximum use of other agencies providing similar or related services. The amendments also make explicit that the federal government shares in the states' costs in providing appropriate services, as well as assistance, to needy people.

It appears, however, that if the total case-loads on public assistance are drastically reduced, public welfare agencies could then begin to provide, finance, and staff social services on a broad, high-quality, comprehensive basis.

Looking Ahead

The insurance, assistance, and social service provisions have all been broadened and strengthened in recent years by the extension to additional groups of the population and additional risks, and by improving the scope and adequacy of benefits. The improvements have not followed any simple formula or pattern. Various provisions were adopted at different times to meet emergent situations or the specific needs of groups whose insecurity had gained public recognition. In addition, total payments under the programs have changed as programs matured and the needs

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of the economy changed. During the early years of the program, public assistance payments were by far the most important expenditures. During the immediate postwar years, and in the recent recessions, unemployment insurance benefits were of importance.

In June 1959 there were over 13 million persons drawing OASDI benefits. About 7 million persons were receiving public assistance, although about 700,000 of the aged persons drawing assistance were also receiving an OASDI benefit. About 2 million persons were drawing unemployment insurance benefits.

In mid-1959, all social security and related payments were being made at a rate of \$25 billion a year, equivalent to about 7 per cent of all personal income. Of this amount, over \$21 billion was paid under programs providing benefits as a matter of right: over \$4 billion was for unemployment insurance and cash sickness insurance benefits while over \$17 billion annually was being spent under public programs for old-age, survivors, and disability insurance, railroad and government employee retirement, veterans' compensation and pensions, and workmen's compensation benefits. Nearly \$4 billion was expended for public assistance on a needs test basis. Total payments are continuing to rise as the insurance programs mature, expand in coverage, the benefits are improved, and population increases.

Social insurance in the United States does not now cover all major income risks that threaten the economic independence of families. Medical care costs and disability protection are especially lacking in adequate coverage. Some individuals, because of incapacity or other circumstances, do not participate in the labor force to a sufficient extent to acquire rights to any benefits at all or to benefits in an amount sufficient to meet their minimum needs. Because important groups were excluded from the system prior to 1950 and 1954, many persons were not covered by the insurance program. For these reasons, public assistance and welfare services will continue to be a necessary supplement to social insurance, but the aggregate of social

security payments should continue to be made up increasingly of the payments made under social insurance programs and decreasingly of payments under public assistance.

Skilled services of many types may alleviate suffering, restore partial or full economic independence, and in many other ways contribute to a more useful and satisfying life. State and local public welfare agencies in recent years have been struggling to broaden and strengthen the social services they provide to children, to families, to aged persons, and to the disabled. There is every indication that as social insurance meets a larger proportion of the cases of economic need, a larger proportion of the cases on the assistance rolls will require individualized services and the use of both professionally trained and untrained staff.

No area of services relating to social security is more important and more fraught with challenging issues than that involving the well-being of children and families. The ADC rolls are heavily weighted not only by dependency due to the parent's incapacity but also, to an even greater degree, by family breakdown resulting from desertion and other marital difficulties. Skilled services might have prevented and might solve many of these problems, opening the way to a more satisfactory life for both the children and adults concerned and lightening the burdens on taxpayers. Progressive development of services for children continues to be a major area of concern in meeting the needs of children and parents in both the present and future. Consequently, additional funds and emphasis on training and research becomes imperative.

This review indicates that there are still many areas which remain to be explored in the search for methods of strengthening existing social security programs, public and private. During the next twenty-five years we may expect important and dramatic changes in the economy. Population will continue to increase; we may expect the nation to have more children, more aged persons, and more working women. It is reasonable to expect continued technological advances and hence increases in national productivity and the

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standard of living. Social work and social security programs will have to take account of these changes and of the many new problems which are bound to arise.

Social security is now part and parcel of our American way of life. We must look forward to making progress during the next twenty-five years just as we have in the past twenty-five years—but hopefully, just a little faster.

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SOCIAL WORK STATUS AND TRENDS.

American social work, both governmental and voluntary, is a product of the economic, political, and social forces which shape the society of which it is a part. Its status can be measured both by the growing awareness of the need to find effective means for dealing with the problems which individuals and communities face and by the rapid expansion of our programs of health and social services. The far-reaching changes which have occurred in our society during the past three decades have been accompanied by a redefinition and broadening of the sense of community responsibility. This has resulted in a better understanding of the value of the social services and a greater acceptance of them as an integral part of community life.

The social worker today is a part of the daily American scene. Like the doctor, engineer, teacher, or other professional person, he performs a service that should be available to all the people in a well-run civilized community and is increasingly becoming so in our nation.

It is recognized that although the ethical

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principles on which modern social work programs are based go back many centuries, the community in which they must operate has changed and has really become a series of communities—local, regional, national, and in some measure international. There are still many gaps and inadequacies in the programs but the number of goals which have been identified is encouraging and the achievements are truly significant.

The Impact of Change

American social work, like other fields of endeavor, has felt and will continue to feel the impact of the changes taking place in our society. The tremendous growth in our population and the spectacular increase in the vulnerable groups—the very young, the very old, the handicapped, and the emotionally and physically ill—poses a wide variety of problems.

The continuing shift from rural to semi-rural and urban living, and the change from a primarily agricultural society to a highly industrialized society, have created new hazards to family security and lessened the ability of families to take care of their own members. The large family group that shared its home, food, and services with distant or close relatives who were sick or old or orphaned has almost disappeared. The old pattern of family and neighborhood support has been broken by the increased mobility of the population and because the living quarters which are available in our cities are limited in both size and quantity.

Recognizing that because of these changes there would always be a number of persons who at a particular time could not rely on current earnings for the major part of their support, this country along with others has developed programs of social insurance to provide a continuing income to those who have retired from gainful employment because of age or disability, to orphans and to widows, and to workers during temporary periods of sickness or unemployment. To meet the special needs and circumstances that cannot be covered by social insurance, public

assistance programs have been established to provide income to persons in specified groups whose current resources are insufficient to meet what the community regards as their minimum needs.

The remarkable development of medical science and technology in our generation has had a direct impact on social work. As more is learned about disease and about methods of prevention or control, and as knowledge about what health programs can accomplish becomes more widespread, pressure develops to make every life-saving discovery and every advance in rehabilitation techniques, together with other medical and health services, available to all who need them. These developments have also pointed up the importance of basic research and the need for more highly trained people to do research in the social as well as the natural sciences.

The impact of the developing social sciences on social work is still another factor of great significance. Increased knowledge and new concepts in anthropology, sociology, psychology, and political science are being reflected in adoption and child care programs, guidance and counseling services, programs designed to prevent or mitigate juvenile delinquency, special services for the aged, and treatment of mental illness. Many of these are voluntary agency services.

Interdependence

An important characteristic of present-day American society is the growing sense of interdependence among individuals and groups within our population. As new advances in transportation and communications have shrunk the distances which once separated the various sections of the nation, we have come to realize that every individual is affected more and more by forces beyond his personal control, and have undertaken to develop new methods for adapting ourselves to this situation. Increasing attention is being given to common efforts which will facilitate the adjustment of people one to another, to other groups, and to the changing larger society. Of equal importance is the fact that

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these efforts are characterized by a growing thoughtful concern about people, not only as units in an industrial organization or as members of a particular community, but as human beings.

The business man employer today is subject to a variety of government regulations and pays a variety of taxes; his employment policies may be dependent upon union negotiations; the prices he obtains for his products or services are influenced by government fiscal policies as well as developments in foreign affairs. He must always be mindful of his standing in the eyes of the government, his employees, his consumers, his business and professional colleagues, his local community, and the wider general public. The employee today is dependent upon the organization which supplies the auspice and the tools with which he works, upon the decisions of union leaders, and upon a wide complex of outside circumstances.

Recognition of the interdependence existing in the total community has led to the creation of a wide variety of voluntary organizations in which representatives of industry, the professions, government, and the general public come together to work out solutions for particular problems that are of concern to all of them.

Governing Concepts

The development of the feeling of interdependence has also resulted in the widespread acceptance of certain concepts which have special significance for social work.

The first of these has to do with the role of government in helping to meet the health and welfare needs of the people. For many years it was generally accepted that the primary functions of government were to protect and to punish. The developments of the past three decades have brought about a change in this attitude so that we now think of government in positive terms. This has been due in large part to the growing realization that in a highly industrialized, urban society certain hazards exist to which all its members are potentially subjected. These hazards may fall with crushing weight on

any one individual, but if the risk is shared by society as a whole the destructive economic effect on the individual can be lessened. Government is now being recognized as the only organized unit of society that is large enough to deal effectively with the major hazards which threaten the well-being of all the people.

There is also increasing acceptance of the fact that society as a whole cannot be healthy if any significant proportion of the population is not healthy, and that a democratic society cannot maintain itself and preserve the freedom of its people if any large proportion of the population is economically, socially, or politically incapacitated. These considerations have contributed to the growing implementation of the idea that it is an appropriate responsibility of government at the federal, state, and local levels to provide services which will promote the well-being of all.

The second significant concept which is gaining acceptance relates to the maintenance of a minimum standard of living for all the people. It is recognized that individuals, by and large, can manage their own affairs and will want to take part in the productive activities of the community unless they are prevented from doing so by forces beyond their control. When this occurs, necessary services and benefits can and should be provided to facilitate or supplement the activities of the individual in his own behalf.

The third concept is based on the conviction that health, education, and social services should be made available to all the people. There was a time when certain programs were identified with particular groups in our society. These groups were described as the dependent, defective, delinquent, and the poor. It is now recognized that guidance and counseling, group work, mental health, and rehabilitation programs should be available to everyone.

The fourth concept pertains to the nature and source of personal qualities like initiative, self-reliance, and responsibility. Until the great depression of the 1930's there was general feeling that provision of assistance for

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most individuals would have a negative effect and would contribute to the development of attitudes which would lead to dependence and lack of individual responsibility. During the depression, however, it was learned that the unemployed person who was obliged to obtain assistance was no different from other people except for his desperate situation. He had the same strengths and the same weaknesses, and he was in need not of moral reform but of opportunity. It is now more generally recognized that human beings, unless they are ill, want a chance to develop themselves to their highest potential and to make their contribution to the work of the world. It is also known that an improved environment can bring out unsuspected resources in people, and that economic security and hope are greater stimulators of enterprise than suffering and feelings of inadequacy and fear. The respect one person feels for another person influences his feeling of respect for himself, and his sense of self-respect influences his capacity to do and to act.

The assurance of basic minimum essentials of living to all persons will, it is now seen, free rather than inhibit the exercise of initiative in the effort to obtain an improved standard of living, both individual and social.

Population Factors

Of the many changes taking place in our society, the growth, changed age distribution, and mobility of our population have special significance for American social work and contribute to its problems and progress.

1. Population growth. The rate of population growth of the United States is now one of the fastest in the world. In May 1959 the population reached 176 million as compared with 151 million in 1950. Since 1955 it has been growing at a rate of 3 million a year. It is anticipated that there will be an increase of about 30 million by the end of 1970, when the total population should number in excess of 210 million.

This new rate of population growth marks a significant change in earlier trends. In the decade 1930-1940 the United States population increased by only 9 million, from 123

million to 132 million. Leading demographers analyzed this trend and predicted that because of restrictive immigration policies adopted in 1924 and the apparent failure of the American population to reproduce itself, the country was approaching a point where the population would become stationary with a possible peak of 160 million.

A complete reversal occurred in the following two decades, 1940-1950 and 1950-1960. World War II brought about a spectacular rise in the birth rate, due in part to a catching up of marriages from the postponements of the depression years and because of the urgent desire of married couples for more children. There was a further rise in the birth rate immediately after the war ended when the servicemen returned to civilian life and a new peak of marriages and births was reached.

It was known that because of the extremely low birth rate of the middle 1930's there would be fewer persons of marriageable age in the middle 1950's, and for that reason it was anticipated that the birth rate would fall and the downward trend of population growth would be resumed. This, however, did not happen. The number of children born each year since 1955 has exceeded 4 million. This level was maintained because although the number of families was comparatively low these families reared more children. The prewar pattern of one- and two-child families has been replaced by a postwar pattern of three, four, and five children per family.

There will be a new rise in family formation beginning in the 1960's when the young people born in the 1940's begin to marry; and this factor, coupled with the trend toward larger families, indicates a continuation of a high birth rate and foreshadows a rapidly growing population in the next two decades.

2. Age distribution. The complete reversal of population trends which occurred during and after World War II created some striking changes in the population structure of this country. These changes are of direct interest to American social work.

The first change is the sharp increase in the number of children and youth in the

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population. In 1940 the number of children under 5 years of age was about 10 million, which represented 8 per cent of the population. The number from 5 to 19 years of age was 34 million or 26 per cent of the population. By April 1959 the number of children under 5 years of age had increased to 19 million, or 11 per cent of the population; and the number from 5 to 19 years of age to 47 million, representing 27 per cent of the population.

At the other extreme of age there has been a steadily increasing number of persons 65 years of age and over. The improvements in modern medicine in the past half-century have resulted in a dramatic reduction in the death rate and an increase in the survival of older people. In 1900 the average American baby at birth had a life expectancy of less than 50 years; today the expectancy is nearly 70 years, an increase of 20 years in half a century.

At the beginning of the century, in 1900, persons 65 years of age and over constituted only 3 million or 4 per cent of the population. By 1940 the number had increased to about 9 million or 7 per cent of the population. In April 1959 there were more than 15 million persons in this age group, representing about 9 per cent of the total population. Projections into the future point to a total of 18 million persons in this age group by 1965, and a further increase to 20 million by 1970.

The tremendous increases in the young and the old in the population have important implications for the individuals and organizations which have responsibility for planning, organizing, administering, and financing the health, education, and social services which will be required.

3. Size and composition of the labor force. Another aspect of the population expansion which is of direct interest to American social work has to do with the size and composition of the labor force. In 1940, just before the outbreak of World War II, there were approximately 55 million persons in the labor force. Of this group 41 million were men and 14 million were women, a ratio of about

three to one. In 1959 the labor force had grown to 69 million with 48 million men and 21 million women. It is estimated that in the 1960-1970 decade the labor force will reach a figure of 77 million, with women comprising about 30 per cent of the total.

A sharp increase in the number of women in the labor force first occurred during World War I. The trend continued in the postwar period. During World War II there was another sharp expansion of women workers, to replace men who were called into the armed forces. In the years after the war the expansion continued, due to the increasing tendency of women over 35 years of age to work outside the home. Most of the women who work are single women and widows but there has been an increasing number of married women whose children are in school or have gone to work.

One of the major reasons for this increasing economic activity of women is the changing industrial structure of the American economy. The outstanding development of the past forty years has been the tremendous growth of trade and service industries as compared with farming, manufacturing, and other industries engaged in the production of goods. By 1959, employment in the service industries had increased to the point where it accounted for 55 per cent of the labor force as compared with 45 per cent in the goods producing industries. It is these service industries—retail trade, transportation, hotels, banks, insurance companies, and government—which are providing opportunities for the millions of women who have joined the labor force in recent years.

4. Mobility. The most dramatic development in our society today having important social, economic, and political implications is the gradual but irresistible movement of our population. There is movement from the farm to the city, from the city to the suburb, and from one section of the country to another. The most pronounced shifts in population have been from the Middle West to the Pacific Coast (persons lured by new jobs and new communities), from the South to the

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North (mostly Negroes), and from the northern sections of the country to California and Florida (mostly old and retired persons). These migratory movements have affected the lives of many professional personnel, skilled craftsmen, construction workers, and migratory farm workers whose occupations and job assignments have required them to move around.

According to the Bureau of the Census, in 1958 a total of 35 million Americans changed their place of residence. Of this group, 23 million moved to another house in the same county, 7 million moved to a different county in the same state, and 5 million moved to a different state.

Part of the present movement of population is due to the great shifts which have occurred in the location of industry during and since World War II, with states in the West, Southwest, and Southeast having the greatest rate of growth.

This population movement has interesting possible political implications. If the forecasts of population movement prove accurate, in the next few years seven states—California, Illinois, Michigan, New York, Ohio, Pennsylvania, and Tennessee—will have half the nation's population. California will have seven more seats in the House of Representatives and there will be an equal gain in the Electoral College. The influence of these states will also increase proportionately in national political conventions.

Suburban Communities

One of the aspects of population movement which has many implications for American social work is the "flight to the suburbs." Although the outgrowth of cities from center city to peripheral suburbs has been one of the major characteristics of urban growth in the United States for many years, the number and size of suburban communities has increased especially rapidly during the past decade. The metropolitan "rings" around the central cities increased almost three times as fast as did the central cities themselves during this period, and the unincorporated terri-

tory grew faster than the areas within the metropolitan rings. Suburban population continues to increase in almost every section of the country.

There are two major types of suburbs. The first consists of expanded established suburbs where the new population fills in and around the older community and population. The second is the all-new suburbs made up largely of mass housing developments built on formerly unoccupied land. In some instances some of the suburban communities have become so large that they have developed their own constellation of suburbs around them. There are also numerous examples of new suburban communities growing right up to each other's boundaries with an accompanying loss of identity and considerable confusion for the residents in knowing to which community they belong.

Among the factors which have contributed to this "flight to the suburbs" are the following: (a) the large number of new families created during and after World War II who wanted and were able to afford new, modern, single-family dwellings in less crowded neighborhoods for bringing up their families; (b) the desire on the part of many families to live in communities with adequate recreational areas and good schools; and (c) the demand for new housing in types and quantities which could be constructed only in suburban areas.

Recent studies of suburban communities have revealed the following characteristics:

Most suburbs do not have the normal population spread and distribution by age groupings. Most adults are 25 to 40 years of age and there is an overwhelming predominance of children under 10 years of age. There are relatively few persons in the 65-years and over age group. There is a very small number of single and unattached persons.

The almost total absence of resident non-white families in most suburban communities is another notable difference from the situation obtaining in the total population.

Most of the suburban communities appear to have a single class quality. The majority

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of families in any one suburb are or appear to be very similar in income level, educational background, values, and goals. Furthermore, there is a tendency for many communities to become predominantly if not almost entirely of one religious grouping.

One of the few decisive social differences in many suburban communities is the range of occupations of the employed members of the families. The suburbs make possible a blending of the "blue collar" workers and the "white collar" workers, now that the wages of the former and the salaries of the latter are so similar.

Another recent development which has been observed is the rapid turnover of residents which has occurred in some suburban communities. After living in one community for ten or fifteen years, families move to another suburb which usually is further away from the center city and where newer, more modern, and more expensive houses are available. They are replaced by a younger group, usually with backgrounds different from those who are leaving.

An increasing percentage of suburban women are working. Many do so to achieve greater economic security and others to gain a creative outlet for their energy.

As the population grows, particularly in the older established suburban communities, a demand for more facilities and services develops. There is a need for more shopping areas, parking space, schools, and recreational areas. This leads to conflict between the older residents who want to preserve the community as it was and the newer residents who urge improvements.

Conflicts also arise among adjacent suburban communities when regional problems of land use and traffic control arise. Reconciliation of individual suburb interests with larger regional needs is a common planning problem.

Further Aspects of Change

There are four additional aspects of our changing society which have significance for social work. These are the rise in national

income, the uneven expansion of our economy, inflation, and automation.

The real income of a nation and the standard of living of its people depend in the long run on the productivity of its industry. Our expanding economy, as could be expected, has been accompanied by a large increase in the volume of goods and services which are now available to all Americans. The result is that we are now enjoying a high level of productivity and prosperity.

The standard of living which the average American family enjoys is measured by its income, and for most families the primary source of income is the combined earnings of its wage earners. Studies conducted by the Bureau of Labor Statistics show that during the 20-year period 1939-1959 the net income of the average family increased by more than 60 per cent. It is recognized that there can be no absolute guarantee against recession or depression, but many economists are agreed that there is little likelihood that the trend of the past 20 years will be reversed or seriously retarded. In fact, some economic observers predict that if we continue to increase our national product by a rate of 3 or 4 per cent per year, by 1980 the standard of living of the average American family will be double what it is today.

It should be pointed out that in this era of prosperity and a rising standard of living there are still about 16 per cent of our families who have an income of less than \$2,000 per year and about 8 per cent with less than \$1,000 per year. Studies of problems of low income families reveal that there is no single cause for this condition. Among the major causes identified, however, are the following: no wage earner in the family, inadequate savings or pensions, inadequate public assistance payments, ill health and disability of wage earner, lack of education, and discrimination. In general, it may be concluded that in the great majority of cases low incomes are not due to low earnings as such but to lack of ability or opportunity to get and keep a job.

Another factor to be noted is that when

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we refer to our economy as expanding it is well to remember that it is not expanding evenly nor in a straight line. The U.S. Department of Labor reported that in July 1959 employed workers numbered 67,594,000. At the same time there were 3,744,000 unemployed workers who were actively seeking jobs. It is generally agreed that full employment does not necessarily mean no unemployment. There will always be sick industries, stranded communities, and pockets of unemployment which will exist in the very midst of prosperity and growth. Among the millions of employers there will always be those who prosper and those who fail. Industries seeking a more favorable climate or ready accessibility to raw materials and an abundant labor supply will move from one section of the country to another. Our expanding economy is a free economy, and in a free economy growth and decline go on all the time and side by side.

The persistent inflation which has been characteristic of our economy for the past decade is another factor of considerable influence on our society. Most economists hold the view that the runaway kind of price inflation which wipes out values in a few years will probably be avoided but that we shall continue to have a continuing increase in prices of one to two per cent per year. Every wage earner will continue to feel the impact of rising prices and see his purchasing power lessened. Those families who are dependent on pensions or other forms of fixed incomes, however, may be faced with a drastic reduction in their standard of living.

Another characteristic of our growing economy is the rapid pace of technological change. The impact of automation with its new ideas of substituting mechanical means for human hands and the human brain is being felt in every field of endeavor. Billions of dollars are being invested to discover more efficient and more economical ways of producing goods and providing services. There are positive indications that we are in a second industrial revolution which will lead to a greater dependence on industrial technology

rather than manpower to do most of our work.

This new industrial technology will continue to have an increasingly significant influence on many areas of our life. It is already becoming apparent that the length of the work day and the length of the work week will be substantially shortened. This will mean an increased amount of leisure time for workers at all levels, and their families. A shorter work day and increased mechanization will also result in the employment of more married women, even mothers of young children. The social implications of these developments are of great significance to American social work.

The rapid and far-reaching changes taking place in our society are creating serious social and economic problems which are pressing for a solution. We are faced with the task of appraising the extent to which existing social measures of economic aid, health, education, and social services fulfill their role of supplementing the efforts of individuals to assure themselves and their families at all times a minimum standard of living and a degree of social well-being recognized by society as essential.

The increasing complexity of economic organization and the broadening area of social interdependence have made the average American and the average American family more vulnerable to economic disaster than ever before. The forces of population growth, mobility, and industrialization have made it more and more difficult for people individually to assure their own economic security under all circumstances for the full span of their lives. At the same time our social philosophy has increasingly emphasized the well-being of the individual as the source of all democratic values and has recognized that our interdependent society cannot tolerate individual disaster, or the incapacitation of any segment of our population, without running the risk of overwhelming social disaster.

Of equal significance is the realization that these forces are compounding the problems

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of people and of those public and voluntary institutions and services which have been set up to provide assistance. All members of the family are affected. Young children of uprooted families have their education interrupted, their personal security undermined, their family relationships upset, and their future careers jeopardized. The strains on marriage relationships and family bonds are intensified. Older members of the family are being faced increasingly with the choice of staying with the younger generation, of living under crowded conditions and adapting to a new community, or of staying in familiar surroundings and adjusting to separation from children and grandchildren.

In cities and to some extent in suburbs, school facilities are inadequate, good housing is not equal to the demand, and there is a lack of adequate health, recreation, and social services.

Members of certain racial and ethnic groups who are newcomers in our communities face serious problems of adjustment and assimilation. Differences of color, custom, and culture give rise to fears which in turn create tension, hostility, and open conflict.

Individuals and families face problems of social and emotional adjustment which challenge and frequently overwhelm their strengths with the result that families are broken up, children develop serious emotional problems, and some of the youth become seriously delinquent.

Developments of the past decade point directly to the need for planning and organizing adequate health and welfare services for the aging; programs of counseling, retraining, and placement of a large part of our labor force which must acquire new skills made necessary by technological advance; and rehabilitation services to assist the handicapped person to achieve a maximum of independent functioning in terms of self-care, productive work, and leisure-time activity.

These are the problems to which American social work must address itself. In helping to find solutions for them social work

will recognize its responsibilities and opportunities.

Trends in Social Work

One of the outstanding developments of the past three decades has been the increased understanding and recognition of the value of social services and a greater acceptance of them as an integral part of community life. A major depression, the second World War, and the postwar period of readjustment forced into sharp focus a wide variety of social and economic problems faced by individuals and communities, and brought about a great expansion of programs of health and welfare services to deal with them. During this period, social work has made real progress in defining its scope and function, and what is equally important it has put into words and into action the principles in which it believes and which it is prepared to advance. Social work by its very nature is dynamic and must be related to the changing society of which it is a part. As our society increases in complexity, much of that complexity can be expressed in terms of changing human relations. Social work has demonstrated in recent years that it can adapt to these changes and it offers its services to help establish and maintain socially healthy individuals in socially healthy communities.

There are a number of significant trends which reflect these developments.

The first is the tremendous expansion of the public social services. Responsibility for planning, organization, administration, and financing of a wide variety of social work programs has been assumed by national, state, and local governmental agencies. These programs have developed because it became apparent that certain needs could not be met through voluntary effort and some problems were so far-reaching that they could be dealt with effectively only through federal and state legislation.

A second trend is that social work is being practiced in a large variety of new settings and under auspices other than those usually

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associated with the practice of social work. The knowledge and skills of social work are now being utilized in the armed forces, military hospitals, consultation centers, and disciplinary barracks; in counseling programs under the auspices of business, industrial, and labor organizations; in mental hygiene clinics and community mental health programs; in rehabilitation agencies; in housing projects; and in governmental and voluntary international welfare programs.

The development of a constructive and mutually productive cooperative relationship with other disciplines represents another significant trend. There is increasing emphasis on the "team approach" in clinics, correctional institutions, hospitals, schools, and in the traditional social agencies, making possible a planned and coordinated program of service to an individual, a group, or a community. The need and responsibility for interprofessional cooperation springs from the fact that life is too complex to permit any one profession alone to meet the wide variety of demands requiring specialized competence.

A fourth trend is the growing spirit of self-evaluation, and a willingness to assume responsibility for validating social work's body of knowledge and for testing the effectiveness of its methods through planned programs of disciplined research. The increasing expansion of the social work field touches intimately the lives of large numbers of persons and involves the expenditures of vast sums of money. It is essential that the profession stimulate and assume more responsibility for measuring social need by objective means in order to establish to the fullest extent possible the validity of the methods and processes of social work.

Another trend of importance is the increasing interest being shown in the contributions of the social sciences to social work practice. Concepts developed by the social sciences are being tested and utilized in an increasing number of social work programs.

Greater emphasis on coordination and planning represents a sixth trend. The past

decade has seen a steady movement away from an emphasis on agency auspices and functional groupings in planning community social work programs. Institutional loyalties are being tested against the goal of establishing and maintaining a flexible network of services to meet a community's changing needs.

Still another trend is the growing interest of the average citizen in community social work programs. More attention is now being directed toward providing programs of interpretation designed to give the lay public an accurate and practical understanding of the values, objectives, and methods of social work, and to enlist the participation of volunteers in program planning and operation.

The continuing acute shortage of qualified practitioners has highlighted the importance of good interpretation and has stimulated the development of intensive and extensive programs of recruitment for social work education and practice.

Perhaps one of the most significant trends of recent years has been the achievement of unity in social work. The organization of the National Social Welfare Assembly, the Council on Social Work Education, and most recently the National Association of Social Workers are indications that social work has achieved a higher degree of unity than ever before in history.

With this sense of unity has come a realization that social work makes its contribution to a democratic society by developing a sense of public responsibility as well as technical proficiency. There is a growing conviction that social work must be able to speak authoritatively not only in matters of practice but also with knowledge and understanding of the larger social issues and on the possible courses of action for society as a whole.

The following statement from the "Goals of Public Social Policy" of the National Association of Social Workers is an example of how social work can discharge its responsibilities in a changing society.

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Social Work and a Changing Society

1. *Obligations of Society to Individuals.*

The profession of social work is committed to the principle that democratic society exists for the benefit of its individual members. Such a society must, therefore, be so ordered that its common resources are devoted to assuring to each of those members (a) opportunity for full growth and development; (b) the means for meeting economic needs in terms of the standards its productivity makes possible; (c) provisions of mutual aid for meeting those needs in which social interdependence is a basic factor; (d) a share in advancing and benefiting from the cumulative human heritage of knowledge, culture, and social organization; and (e) full participation in democratic social relationships. To achieve these objectives each member of society has an obligation to respect the dignity and rights of other members, to maintain himself and his dependents by his own resources to the extent that his capacity and circumstances permit, and to contribute his fair share to the common welfare, both financially and otherwise.

2. *Role of Social Institutions.* A free society fulfills these obligations to its members through a wide range of social institutions, including the family, voluntary association, economic enterprise, and government. All of these are necessary to a functioning social order and each develops in terms of its own appropriate role in meeting changing needs. While this document is concerned with governmental functions and policies, it is important that these be seen in their total social context. Support for a governmental policy implies no lack of support for the corresponding functions of the family, voluntary association, or private economic enterprise. On the contrary, the very variety of our social institutions provides a basic dynamism for social progress and a safeguard for the welfare of the individual.

3. *Responsibilities of Social Work.* Social work is the profession which concerns itself with the facilitating and strengthening of basic social relationships between individuals, groups, and social institutions. It has, therefore, a social action responsibility which derives directly from its social function and professional knowledge. This responsibility lies in the following three areas: (a) the

identification, analysis, and interpretation of specific unmet needs among individuals and groups of individuals, (b) advancing the standard of recognized social obligation between society and its individual members so that those needs will be met and a more satisfying environment for all achieved, and (c) the application of specific knowledge, experience, and inventiveness to those problems which can be solved through social welfare programs. Each of these is briefly discussed in the following paragraphs.

IDENTIFYING NEEDS. Most social workers, whatever their specialty or setting, act as agents of society in meeting the needs or facilitating the social adjustments of individuals. They serve in this sense as a link between society, with its vast and changing array of social institutions, and the individuals for whose benefit all social organization exists. It is their job to make a very complex social machinery meet the needs of its individual members in two ways: (a) by bringing to such needs the benefits of existing programs, policies, and knowledge, and (b) by identifying and interpreting the areas where such machinery is proving deficient in terms of actual unmet needs.

This second aspect of the social work function is a major factor in all social progress, for it is obviously impossible to apply a social remedy to a problem until it is recognized to exist. This is especially important in a dynamic society like our own where rapidly shifting economic conditions, a high degree of population mobility, and accelerated social change constantly create new needs for particular groups in the population. The social worker, whatever his function or setting, is in a key position to spot these needs as they begin to emerge and to interpret their development to the society which he serves.

ADVANCING THE SOCIAL STANDARD. Basic to all social work functioning is the concept of an accepted but developing standard of mutual obligation between individuals and their social organization. Not only is there a constantly changing standard of what people "owe" to the members of their own family, their community, their employers and employees, and their nation, but there is a comparable change in what society is believed to owe its individual members in particular circumstances and what, therefore, constitutes

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a socially recognized "need" on the part of such individuals.

Social workers have a major responsibility to contribute their knowledge of social conditions, social institutions, social needs, and social feasibility to advancing the evolution of this social standard. They have an obligation with respect not only to such functions of society as lie within their own area of competence—discussed below—but also to those social measures and policies that will prevent the needs with which they deal. They are necessarily concerned with all social conditions which affect the welfare of individuals, groups, and communities in terms of this established and evolving social standard. It is for this reason that this policy statement ranges over a wide variety of social measures, in many of which the profession of social work plays either no functional part or an auxiliary, facilitating role.

SOCIAL WELFARE PROGRAMS AND ORGANIZATION. In areas of social policy and program in which the profession of social work plays a central or major facilitating role, its social action function involves the additional component of professional knowledge concerning organization and operation, policy implications, financing requirements, and personnel standards without which successful social policy can be neither made nor implemented. In the growing complexity of modern social organization, both governmental and voluntary, few policymakers can be expected to have the technical knowledge implicit in all the fields of social responsibility with which they deal. Nor is it socially desirable that they should be exclusively dependent on those who administer such policies and programs for their guidance. The professional social work organization has, therefore, a positive responsibility to make the technical knowledge and experience of its membership available to those who make social welfare policies, whether in legislative, administrative, or community leadership capacities.

4. *Co-operation and Co-ordination.* It is recognized that many other groups and professions share the concern of social workers for these areas of social policy and action. Social advances will be furthered through the broadest co-operation by social workers with all such groups. Moreover, it is basic to social progress that means should exist for

co-operative planning among all elements in society, so that each may effectively fulfill its own role and society may make the best use of all its institutional resources in advancing the welfare and meeting the needs of its members. Social workers can often make their most effective contribution to social progress by lending their support and knowledge to these broadly based democratic instruments for effecting social change.

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† For addresses of periodicals listed see Appendix. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

PART TWO

TOPICAL ARTICLES

TOPICAL ARTICLES—CLASSIFIED

Note: In the following classification the 68 topical articles in this section are grouped under headings which reflect their major content and coverage. Many of the articles touch upon subjects other than those under which they have been classified. The reader is referred to the Index for a more exhaustive guide to the contents of this section.

GROUP 1. CHILD AND FAMILY SERVICES

Adoption	Housing and Planning
Child Welfare	Juvenile Delinquency
Employment Services	Legal Aid
Family Life Education	Physically Handicapped, The
Family Social Work	Public Assistance
Foster Care for Children	School Social Services
Guidance and Counseling	Social Casework
Homemaker Service	Youth Services

GROUP 2. COMMUNITY ORGANIZATION AND COORDINATION

Citizen and Volunteer Participation in Social Welfare	National Organizations in Social Welfare
Community Development	Public Relations of Social Welfare
Community Organization for Social Welfare	Public Welfare
Community Welfare Councils	Social Action
Financing Social Welfare Services	Social Service Exchanges
International Social Welfare	State and Regional Welfare Organization
	United Funds and Community Chests

GROUP 3. DELINQUENCY AND CORRECTIONS

Corrections	Juvenile Delinquency
Courts and Social Welfare	

GROUP 4. FINANCING

Administration of Social Welfare Agencies	Public Assistance
Federal Agencies in Social Work	Public Relations of Social Welfare
Financing Social Welfare Services	Public Welfare
Foundations and Social Welfare	Social Insurance
National Organizations in Social Welfare	United Funds and Community Chests

GROUP 5. HEALTH

Alcoholism	Psychiatric Social Work
Medical Care	Public Assistance
Medical Social Work	Public Health
Mental Health and Mental Illness	Public Health Nursing
Narcotic Addiction	School Social Services
Physically Handicapped, The	

Topical Articles—Classified

GROUP 6. INCOME MAINTENANCE

Disaster Relief
Public Assistance

Social Insurance
Veterans' Benefits and Services

GROUP 7. INFORMAL EDUCATION AND RECREATION

Adult Education
Camping
Family Life Education
Recreation

Settlements and Neighborhood Centers
Social Group Work
Youth Services

GROUP 8. PERSONNEL

Administration of Social Welfare Agencies
Citizen and Volunteer Participation in Social Welfare
Conferences in Social Welfare
Education for Social Work

Employment Services
Personnel of Social Welfare, The
Personnel Standards and Practices
Social Work as a Profession
Supervision in Social Work

GROUP 9. PHYSICALLY AND MENTALLY HANDICAPPED

Aging, The
Alcoholism
Mental Health and Mental Illness
Mental Retardation
Narcotic Addiction

Physically Handicapped, The
Public Assistance
Social Insurance
Veterans' Benefits and Services
Vocational Rehabilitation

GROUP 10. PROCESSES AND METHODS

Administration of Social Welfare Agencies
Community Organization for Social Welfare
Research in Social Work

Social Action
Social Casework
Social Group Work

GROUP 11. PROTECTION OF RIGHTS

Aliens and Foreign Born
Civil Rights and Civil Liberties
Courts and Social Welfare
Intergroup Relations

Jewish Social Services
Legal Aid
Social Work as a Profession

GROUP 12. AUSPICES AND GEOGRAPHIC AREAS

Canadian Social Welfare
Catholic Social Services
Federal Agencies in Social Work
International Social Welfare
Jewish Social Services

Labor and Social Welfare
National Organizations in Social Welfare
Protestant Social Services
State and Regional Welfare Organization

TOPICAL ARTICLES

ADMINISTRATION OF SOCIAL WELFARE AGENCIES. The degree of attainment of social welfare objectives is determined in large measure by the competence of social welfare agency administration. A major responsibility of administration is to see that the objectives of an organization are achieved—that the job gets done. The clarification and revision of agency purposes and functions is an important administrative responsibility, but of equal importance is the task of finding the *means* to assure a program of efficient and effective services to people.

The functions of administration may be summarized as follows: to determine the goals to be achieved and the tasks to be performed (expressed in terms of such things as policy statements, procedures, practices, inter-agency agreements, public legislation, and constitutions and by-laws); to find the necessary resources to perform the required tasks and to achieve the stated goals (resources include finances, personnel, and property); and to manage the resources in such a manner that efficient and effective services are performed (this involves such aspects of administration as leadership, organizational structure, staff development, communication and coordination, and assurances of the quality and quantity of staff performance).

All employees are a part of the administration of any social welfare agency and, in varying degrees, participate in shaping the policies and program of the agency. Quantity and quality of service are the chief concerns of social work administration as it seeks to improve the economic, social, and psychological well-being of people through agency program. To achieve this important purpose and to utilize to the fullest the talents of its professional staff, there must be an administrative climate which mobilizes the wisdom of all staff in shaping agency

goals and program. Along with the emphasis on democracy in administration which has characterized the social welfare field, there is recognition that central to any discussion of administration is the subject of management—those positions and persons whose primary function is to see that the purposes and program of the organization are properly carried out. Any discussion of administration is thus concerned with the manner in which all persons are involved in administration, but also major attention is directed to the role and performance of those persons whose primary responsibility is management.

Social work administration has been identified as one of five basic methods of social work practice, along with social casework, social community organization work, social group work, and social research. Knowledge and skills, and a philosophy of goals and service which are generic to all social work practice, have profoundly influenced social agency administration. These influences have resulted in an emphasis on good human relations in administration, sound personnel policies and practices, democratic versus authoritarian structure and processes, high recognition of the professional staff component in achieving a quality service, and major attention to the content and method of staff supervision and staff development. These are just some of the aspects of social welfare administration which have received major attention and are areas in which this field has contributed to the art and science of administration in general.

The contribution of business and public administration to the advancement of the generic knowledge and skills of administration has, of course, been a major one. The demands of large-scale operation and the pressures for efficiency and product quality have resulted in much conscious attention by

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business, as well as graduate schools of business and public administration, to the theory and practice of administration. Just as all administration has been influenced by current developments in our expanding knowledge of human behavior, likewise social welfare administration has learned much from the development of a professional approach to administration by business and government, particularly in such areas as the theory of administrative structures and organizational alignments; personnel administration — particularly job evaluation and appraisal of performance methods; financial management; public relations; cost analysis and cost control; research; and methods for assuring quality and quantity of production.

Most social workers today receive some administration content in their professional education, though many present social agency administrators have not been trained for administration but have risen from the ranks and have been trained only in the other social work methods. The present and future demands of social welfare agency administration suggest a need for individuals who are competent as social workers but in addition have been prepared specifically for administrative responsibilities on the management level.

Major Factors Which Influence the Nature of Administration

Good administration has certain characteristics and processes which are found in most administrative situations. Many technical problems, however, require differing knowledge and skills in relationship to variations in the administrative setting. The following are a few of the factors which influence the nature of administration.

1. Purposes of the organization. The purposes of social welfare agencies have much in common, and this has resulted in a certain common quality in agency administration. However, the great range and diversity of social agency programs require close attention to a clarification of purposes and the means of carrying them out in any specific agency. Clarity about goals and methods is

essential in arriving at the right conclusions with respect to such important matters as levels and kinds of skill required in the staff; salary structures which will command the necessary levels of staff competence; structure, content, and method of supervision; nature of staff participation in policy formulation and execution; criteria and methods for judging quality and quantity of service; and the strategy for financing the agency.

2. Auspices. Social agencies are community instruments which have been organized to offer services and benefits in line with community needs. The authority under which they exist arises from the will of the community, and the board and staff are accountable to the community. Differing demands are made on the administration of tax-supported agencies and of voluntary agencies, and a recognition of these differences is essential to successful administration. To suggest the nature of some of these differences, it would appear that voluntary agency administration places a particular emphasis on administrative leadership to policy formulation in relation to agency boards and community planning machinery; professional leadership to the development of a program which is flexible and changing; skill in public relations in order to secure and maintain community understanding and financial support; and, usually, performance in smaller units of operation where the emphasis is frequently on a high degree of competence in the functional practice which carries out the work of the agency. Public agency administration includes these same elements in varying degrees but is apt to place a greater emphasis on personnel management within a framework of political and civil service influence; dealings with legislative and other public officials in a specific manner that has its own unique characteristics; execution of policies and regulations which frequently originate from other sources outside the administration and in the formulation of which the administrator has little or no part; accountability for legal, financial, and service performance in relation to a definite framework of legal requirements;

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and, frequently, performance in large-scale administration which places an emphasis on the management structure and the ability to work through and with it.

3. Geographical area of coverage. Administration is influenced by the area of coverage with reference to such matters as decentralization of operations, organization of central services, problems of communication and coordination, uniformity of service, and adjustment to service area differences. Administration which operates through districts or branch offices must give attention to the unique problems created as a result of this kind of an administrative structure. Special emphasis should be placed on clarification of the relationship of specialized and functional divisions to over-all administration, to the delegation of responsibility, and to the methods used to assure the quantity and quality of service.

4. Size. Size of the organization is a major factor which influences the scope and content of the management job as well as the total administrative process. Social welfare agency administration has been flavored by the fact the most social agencies, particularly voluntary ones, are quite small: the average agency has less than 25 employees. The smaller the agency the greater the emphasis placed on the functional practice competence of the executive and his ability to supervise the content of the agency's program. The larger the organization to be administered, the greater is the emphasis placed on those skills which are generic to administration in general, such as ability to deal with top-level community leadership and with pressures and decisions of a demanding nature, appropriate use of delegation of authority and lines of responsibility, ability to give leadership to a wide variety of talents and to mobilize them in a coordinated fashion, and ability to make appropriate use of staff in the development and execution of policy.

5. Setting. There are two general classes of structures within which social work functions: those agencies where social work is the primary service and social work personnel

administers the agency and determines its essential policies and methods of operation; and those agencies with a broad function where social services are subsidiary to or coordinate with other professional services and the social work personnel alone does not control the policies of the agency. Social services in hospitals, clinics, courts, and school systems illustrate this second category of setting, whereas most social work is practiced in settings of the first category. The administration of social welfare services in the second category presents special problems of organization and operation. A variety of patterns has developed but, in general, it is recognized that an optimum contribution can be made by social work where the chief of social services and the department of social work are given equality of status with the other professions included in the multi-function professional team. Social workers in such settings perform direct social work services in coordination with other professional services and also enhance the work of the other professional services through the use of social work competence in their role of consultants. The nature of these functions needs to be recognized in establishing organizational structures which will enable social work to make its maximum contribution as a part of the inter-professional team.

Important Elements in Administration

The elements of administration listed below are all related to each other and are so dealt with in the administrative process. They are discussed separately in order to identify some of the key problems and characteristics of administration in each of these areas. The demands on technical knowledge and skill vary considerably as among these several areas. Within the administration of any agency there should be individuals who possess competence with respect to these elements of administration or who know when and how to make use of the consultation and competence of others.

1. Program. A major responsibility of administration is to keep the program of the agency in tune with changing community

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needs and values, and the changing contributions of the social work profession. This requires systematic and periodic critical examination of agency functions and program without waiting for external pressures to force such a re-examination upon the administration. Priority of attention to program is essential and it should have planning precedence over other matters. Proper program planning involves the balanced participation of staff, executive (management group), and ultimate authority (board or legislature) in a team approach. The content of an agency's program is determined by broad statements of purpose but it is also essential that there be clear and specific statements of operational objectives which get at who is to be served, what kinds of problems are to be dealt with, what are the service goals, and what it is that the program seeks to accomplish for those served and for the community. In an agency of specialization, clarification of agency program frequently involves the ingredients of both the technician and the administrator. The executive has a major role to play in program planning and one which frequently requires him to bring together the "authority of position" and the "authority of ideas."

2. Finance. The planning and execution of financial matters is directly related to program planning and to the total success of agency operations. The agency's budget is not just a statement of dollars but is a basic expression of agency policy. It puts a dollar sign on program and policy choices, and the soundness of any budget is rooted in the adequacy of these original decisions. Most social welfare agencies do not have sufficient funds to do all the things they want to do, and great emphasis must be placed on the selection of priorities so that the most important things get done. There is increased attention to the use of cost analysis and to the importance of a knowledge of unit costs and the use of cost control methods. Sound program planning cannot proceed without a knowledge of costs and the relating of costs to the value of the services produced. The administration of an agency

is responsible for its financing. This is true even though, as a voluntary agency, it is a member of a united appeal or, as a public agency, it depends for its funds upon an act of the legislature. The program and the budget should be presented in a light which enables the allocating authority (either voluntary or public) to examine the importance of the service and to assess the proper allocation of resources to these purposes. Increasing attention is being given to sources of financing other than community subsidy, such as charges for services rendered and endowment income. Important attention should be given to auditing requirements and to security measures which give assurance to the community that funds will be used for their proper purpose.

3. Personnel. Analysis of position needs is essential to proper organization of job content and to the identification of the personnel required to do the work. Increasing use is being made of job evaluation methods and the development of criteria for the appraisal of staff performance. Systematic appraisal of staff performance is essential to the development of effective services and to the administration of a classification plan and salary structure. Sound personnel administration rests upon a salary structure which is adequate to secure sufficient staff who possess the levels of competence required to perform the tasks of the agency. Sound personnel practices and their proper administration, with major attention to the satisfaction and development of the staff, are essential to recruiting staff and using their talents to the fullest. *See PERSONNEL STANDARDS AND PRACTICES.*

4. Organizational structure. The larger the agency the greater the attention which must be paid to organizational structure. There should be a clarification of who reports to whom and about what, and who supervises whom with the purpose and content of the supervision established. The balance of professional, clerical, and management positions should be set forth and their operating relationships understood. Staff relationships to the board of trustees, public officials, and

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external community contacts need to receive particular attention. The manner in which staff participates in policy making and in the development and execution of agency program should be clearly understood.

5. Property and equipment. The achievement of adequate housing and equipment is a major and continuing problem for social agencies. Great emphasis should be placed on dignified and attractive housing for social agency offices. Likewise, care should be given to the proper selection of office equipment such as dictating machines, typewriters, and filing equipment. Wherever possible, use should be made of pooled or centralized purchasing. Insurance is needed on all physical property and equipment, and the adequacy of the insurance protection should be periodically reviewed.

6. Research. All agencies should engage in sufficient fact finding to do an adequate job of service accounting. This implies a clear definition of the units of work which measure changes in volume of service and staff production, and the setting up of regular and periodic statistical analyses necessary to a continuing appraisal of agency operations. Most agencies of any size need sufficient research know-how on the staff, or available from consultation, to make evaluations of such typical operating problems as: Is a fee policy operating properly? Are cases closed when they should be? Are treatment goals in line with stated agency policy and the like? Research is so important to the improvement of the quantity and quality of agency services that the larger agencies and national associations are moving into the area of evaluative research in order to improve the basic knowledge and skills needed in the practice of social work. *See RESEARCH IN SOCIAL WORK.*

7. Public relations. Social services to be effective must be used, and to be used the general public must be made aware of them. Social services contribute to the well-being and productivity of people, and for this reason agencies should actively seek to increase community understanding and support for their work. Also, an important public rela-

tions task of administration is to maintain cooperative and effective relationships with other agencies that work in the same field, and with community groups on which the agency depends for its financing and for help in the clarification of its purposes and program. *See PUBLIC RELATIONS OF SOCIAL WELFARE and COMMUNITY ORGANIZATION FOR SOCIAL WELFARE.*

8. Methods and procedures. Work simplification is a major objective of administration. Particular attention should be paid to the volume of recording, the management of clerical work, and the efficiency of record keeping. Forms and procedures should be reviewed every several years. A definite program of record retention and disposition should be established.

Major Administrative Processes

The administrative process seeks to mobilize the total resources of the agency to the end that its purposes are translated into efficient and effective service. It involves a wide range of activities and skills. The following analysis seeks only to outline the broad framework within which administration functions.

1. Determination of what is to be done and how it is to be done. Policy making involves at least four phases, and careful attention should be given with respect to who participates in each phase and the manner of their participation. These four phases are as follows: (a) identification of priorities with respect to matters which require attention leading to policy making; (b) agreement on the processes to be used in arriving at policy decisions, including such matters as the number and kinds of persons involved, the methods to be used in approaching the problem, and the time elements guiding the various phases and completion of the effort; (c) formulation of the conclusions reached, along with the facts and the assumptions on which they are based; and (d) confirmation or finalization of the policy decisions and plans for their implementation. It is important that staff participate in the above processes on the basis of their job function, competence,

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and their involvement in the execution of the matters being decided. A major responsibility of administration is to establish the policy basis for program in such a manner that the best use is made of agency resources and encouragement is given to the fullest execution of the policy.

2. Execution of program objectives: getting the job done. Continuous attention must be given to assure that all activity in the organization contributes to the attainment of the selected objectives of the agency program. Adequate communication which informs the staff of all matters pertinent to their responsibilities is a major factor in getting the job done. Communication should flow from the staff to management as well as from management to staff. Coordination is an essential ingredient for effective operations. The various parts of the organization should be properly arranged and leadership given to their harmonious functioning. In organizations employing professional personnel, more is accomplished to advance the quality of work through staff development than through the giving of orders. The content and method of supervision and staff development should be geared to the demands of the program, job expectations, and performance demands. Through these and other methods, management has the responsibility of seeing that the agency's expectations of its staff are met. See SUPERVISION IN SOCIAL WORK.

3. Evaluation of accomplishments. Standards for the appraisal of the performance of each employee should be developed and methods established for applying them in a system of periodic staff appraisal. In addition, there should be agreed-upon measures of the accomplishments of the agency with respect to both the quality and quantity of its services. Only through a careful and critical examination of the work of an agency at regular intervals is it possible to revise and modify agency policies in the light of actual experience.

Responsibility of Management

Every person connected with an agency

is in one manner or another involved in administration. The executive and others around him on the management team have a unique and primary responsibility for directing the total administrative process. Success or failure in the administration of an organization is chargeable to the management group. Within the management group the executive is chief of staff responsible for the orderly, smooth, and effective performance of the agency's operations.

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ADOPTION is thought of as a relatively recent practice, but actually it dates back many centuries and was known to the ancient

Egyptians, Babylonians, Assyrians, Greeks, and Romans. In the United States, adoption has been authorized by statute in every state in the union. It has also been established in many European countries but is not as widespread there as in the United States.

In this country adoption has become increasingly popular. At the present time approximately 100,000 adoptions a year are consummated by court action. Over 1,000,000 families annually apply to agencies to adopt a child. Therefore for the majority of children who are legally free for adoption there are at least ten applicant families for each child. This ratio does not apply to children of certain minority groups; for some there are too few families, and agencies need to exert great effort in recruiting more homes for them.

Services for Unmarried Mothers

Sound adoption practice must include services for three groups of clients: the natural parents, the child, and the adoptive parents. Since most children who are placed for adoption are born out of wedlock, adequate services for unwed mothers becomes a major concern. Recent figures show a 42 per cent national increase in illegitimacy, rising from 141,600 cases in 1950 to 201,700 in 1957. Although the public has tended to think of the unwed mother as a certain type of person, and even some social workers share in stereotyping her, the unwed mother is not any one kind of person nor does she come from only one stratum of society. Unwed mothers represent a cross section of the community in all respects—intellectually, culturally, socially, and economically. The only thing they have in common is that they are generally very unhappy individuals in need of a great deal of understanding help.

Community services for unwed mothers should include casework counseling, financial assistance, living arrangements away from home, medical care (prenatal, obstetrical, and dental), hospital care, psychiatric service, psychological testing, and vocational planning. In all cases the mother needs help in planning for her child, but this should not be the only focus of help. The agency's main responsi-

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bility is in helping the mother as an individual, and its casework service sometimes needs to include the mother's own parents (especially in the case of minors) as well as the putative father.

The experience of a number of agencies has shown the value for the unwed mother of having a continuous relationship with one caseworker, beginning with the prenatal period and continuing after the child is born. This is possible in a multiple-service agency with a total service for unmarried mothers as well as an adoption program. In many communities this may not currently be feasible, but it is possible for every community to coordinate all services for unmarried mothers. The unwed mother who is receiving service from six or more caseworkers in as many different agencies cannot possibly benefit from casework help. It is essential that she have the opportunity of developing a relationship with one caseworker; and this means that the group of agencies must make this possible by deciding together which is to carry the main responsibility, with the others agreeing to play a less active role and to work through the agency carrying the primary responsibility.

Coordination should also include the other professions, since services to unmarried mothers are the concern of law, medicine, psychiatry, psychology, genetics, and the allied professions. The working together of all these professions is essential in this field, and only through such teamwork can the interests of the natural parents, the child, and the adoptive parents be properly safeguarded.

Definition of an Adoptable Child

Until just a few years ago the focus of adoption agencies was to find children for families, and it was assumed that only the perfect baby—"the blue ribbon baby"—could be placed. At present the focus is on the needs of the children, and adoption agencies are seeking families for children rather than children for families. This has meant a change in the concept of adoptability. It is now recognized that most children, even those with

serious physical or psychological problems, can be successfully placed for adoption.

In its recently published *Standards for Adoption Service* the Child Welfare League of America states: "The primary purpose of an adoption service should be to help children who would not otherwise have a home of their own, and who can benefit by family life, to become members of a family which can give them the love, care, protection and opportunities essential for their healthy personality, growth and development. . . . Adoption should be considered for any child who is deprived of care by his natural parents, who is or can be made legally free for adoption and has the capacity to form a relationship with new parents and develop in a family. The opportunity to have a permanent home of his own should not be denied by reason of his age, religion, race, nationality, residence or of handicaps that do not preclude his living in a family or community."

The children for whom adoption should be considered are (a) children who have lost both parents by death and have no other strong family ties; (b) children whose parent or parents have come to the decision to relinquish the child voluntarily; and (c) children who are legally freed for adoption through termination of parental rights by court action.

Although there are still agencies that concentrate their placements on infants, a number of agencies are placing many older children (5 to 12 years of age or even older) and children with serious medical or mental handicaps who at one time would have been considered unadoptable. Such placements should be seen from the standpoint of total community need, and it is the agencies' responsibility to interpret all that is involved to the general public and, especially, to those responsible for financing. Recognition must be given to the fact that whereas the placement of a ten-year old child or one with a serious problem is very costly, it would cost the community far more to provide long-time boarding care until the child grows up.

Placements such as these impose an impor-

tant responsibility on agencies, which must first have the conviction that a home can be found for any child who will benefit by a permanent home of his own. Boards and staffs of agencies need to be ready to develop the skills necessary in placing children with special needs and also to make provision for the added costs.

One of the biggest lacks in the field today is the shortage of homes for Negro children and children of interracial background. Great efforts have been made, and more children are being placed than formerly, but we have not yet begun to meet the need. New positive approaches must be considered for this growing problem. Some agencies are giving serious consideration to subsidizing adoptive homes. Coordinated community efforts (such as the "Adopt a Child" program in New York City and similar programs in other cities) have been helpful in reaching more families. The use of a clearance and exchange system among agencies has also resulted in more placements being made.

Age of Child at Placement

At one time, shelters for unmarried mothers expected the mothers to remain in the shelter with their babies for a year, and therefore the babies were not placed until they were one year old or even older. Later this limit was decreased and placement at six months was considered sound practice. With the growing understanding of the importance, psychologically, for the child to be placed as young as possible, and the recognition that there is less trauma to the infant under 3 months of age when he is transferred from one home to another, the age of placement has been gradually lowered. The trend at present is to place babies in their adoptive homes at as early an age as possible, preferably in the first weeks (under two months), or at least by three months of age. A handicap should not preclude early placement if it is in the child's best interests to be placed early and if parents can be found who are accepting of his handicap.

Early placement has been found to be

advantageous for many natural parents as well as for the children. For some unwed mothers the knowledge that the child has been placed helps to resolve the conflict regarding giving up the baby; and it is not until after placement that they can feel that their decision is really final. Agencies try to help the mothers with their feelings prior to placement, but have found that many mothers cannot realistically deal with their feelings at that time.

Although the accepted practice today is placement of infants no later than when they are three months old, this is not always possible. Exceptions are cases where the mother or parents may need more time and help in becoming emotionally ready to relinquish the child, and those where the child presents special physical or psychological problems that need further evaluation prior to adoptive placement.

Delays in placement for a longer period of study in order to get to know the child better are considered not to be warranted, as it has been established that in the first year of life additional months of study do not yield a better basis for prediction of future development. We can only know how the child is developing at the time of placement and cannot know how he will develop in later years; this is so at eight or nine months, or even a year, as well as at two months. Therefore, psychological tests of infants do not have predictive value, and they are seen only as developmental tests that can help in total understanding of the infant's development and normalcy at the time of placement, with the psychologist being one of the team responsible for the observation of the child at that time. The total team includes the pediatrician and nurse, the caseworker, the boarding parents, and the psychiatrist when indicated. Placement should not be delayed only because there has not been a psychological test.

Legal Aspects of Adoption

Adoption proceedings in this country are based on state laws which vary from state to

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state. Because of the increasing number of adoptions taking place across state lines, federal legislation is needed. Only in this way can the growing number of interstate commercialized placements be controlled, since the states do not of course have authority outside their own jurisdiction.

Most state laws designate the judicial procedures to be followed and specify the means by which parental rights may be terminated prior to adoption. Unless parental rights have been terminated by court action, voluntary action of the parent is required, either through formal surrender of the child to an authorized agency or by direct consent to the adoptive parents.

Although in many states private adoptions as well as adoptions through authorized agencies are legally acceptable, there is an important difference between the two kinds of placements. For example, in New York State the Social Welfare Law provides for the surrender by the mother of her child to an authorized agency, but there is no corresponding provision relating to her turning over her child directly to a family. When the child is turned over to the agency the surrender is given prior to adoptive placement and the agency takes the place of the mother in the future adoptive proceedings. The agency gives consent to the adoption and the mother is not involved. However, when placement is made directly with a private family the mother must give her consent to the adoption at the time of the legal adoption hearing. If she later changes her mind and wishes her baby returned, the adoptive parents have no protection; they must return the child, as adoption cannot take place without the mother's consent.

Recent changes in the New York statutes should make adoption possible for many children who would not otherwise have this opportunity for permanent security. It is hoped that this remedial legislation will serve as a precedent for other states. A new legal category has been created, the "permanently neglected child," and jurisdiction is given to the children's courts to terminate parental rights over such a child, in a proceeding

initiated by the social agency having the child in its care. When such termination occurs the agency assumes custody of the child, and in later adoption proceedings parental consent is not required.

The new New York statute defines a "permanently neglected child" as follows: "A child whose parent or guardian has, following the placement or commitment of such child in the care of an authorized agency, whether in an institution or in a foster home, and notwithstanding the diligent efforts of such agency to encourage and strengthen the parental relationship, so failed substantially and continuously or repeatedly for a period of more than one year, to maintain contact with and plan for the future of the child, although physically and financially able to do so, that such parents or guardian should, in the moral and temporal interests of such child, be deprived permanently of the custody of the child, and, in the event that the parent defaults after due notice of a proceeding to determine such neglect, such physical and financial ability of such parent may be presumed by the court."

It is hoped that this new legislation will make it possible for many children to be placed for adoption who would otherwise remain in foster care indefinitely. A study of a number of New York City foster care agencies made a few years ago¹ revealed that there were large numbers of children who had been under care for years whose parents had very little or no contact with them and yet refused to surrender them for adoption. It is likely that similar situations exist throughout the country and that there are probably thousands of children who, because their parents will never plan for them and have no interest in them, are not given the opportunity of the security that they can have only through adoptive placement. Certainly the rights of parents should be given every consideration and parents should be helped to reestablish a home for their children; but when this is not possible because of the parents' lack of interest and desire to live with their child, the rights of the child

¹ See Welfare Council of New York City, *infra*.

must be safeguarded and he should be given the opportunity of adoption even if it is contrary to the wishes of the parents.

Inter-Country Adoptions

With respect to inter-country adoptions the *Standards for Adoption Service* of the Child Welfare League of America states: "Adoption outside a child's own country should be considered only when less suitable plans can be made for him in his own country. It is usually better for any child beyond the age of infancy to be adopted within his own country, and not to be transplanted to another culture. Inter-country adoption considerations should include placements for children with certain mental defects, and for children whose family or racial background presents a handicap to their acceptance and development in their own country. Extremely careful consideration should be given before a child is removed from his own relatives for adoption. Before deciding to relinquish a child for adoption, parents should be helped to weigh the consequences—emotional, psychological and legal—against apparent economic or social advantages. Unless the parents or relatives understand and accept the meaning of adoption in the culture of the child's new country, adoption should not be considered for the child."

When inter-country adoption is considered in the child's best interest the same safeguards should apply as for children adopted in this country. These include protection and social services for the natural parents, the child, and the adoptive parents. There must be collaboration between social agencies in the two countries involved, with the one agency assuming responsibility for the study of the adoptive parents and supervising the placement prior to legal adoption, while the other is responsible for helping the natural parents and preparing the summary on the child's background and development. In the case of older children the child must actively participate in the decision regarding adoption and should be helped in moving into his new placement. Casework help should also be given to the prospective adoptive parents so that they may understand what it means to a child to move

into a new culture, and what problems they and the child may have to face.

"Proxy adoptions" are adoptions in which the prospective parents give power of attorney to another person who adopts a child for them in another country. In such cases the child enters the country as a legal child of the adoptive parents even though they may have never seen each other. Such adoptions are not acceptable practice and should not be permitted except in cases where the parents and child already know each other and immigration restrictions present an obstacle.

Interpretation and Public Relations

Although adoption in this country is over one hundred years old, the public is not well informed about it. This may be partially due to the problem that exists in the social work field as a whole, namely, a lack of sufficient interpretation in helping the public to know and to understand the work done by social agencies. Workers serving unmarried mothers and placing children for adoption have a special responsibility because of the great interest in this field and because they work so closely with other professional fields. More adequate services for unmarried mothers are needed throughout the country, and this will be possible only when the public has a better understanding of the problems and needs of women who become pregnant out of wedlock. Too often the public's identification and sympathy are only with the prospective adoptive parents seeking a child, and not enough thought is given to the unwed mother. Adoption agencies are frequently the recipients of severe criticism and hostility resulting from the fact that so many couples wishing to adopt children must be refused. The public needs to know that the agencies cannot be blamed for the lack of enough children for all who want them; that even though the illegitimacy rate has risen considerably in recent years, the infertility rate is still much higher, and therefore a large number of people wishing to adopt must be disappointed. The main purpose of adoption agencies is the well-being of children, rather than that of finding children for families. The needs

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of the people who wish to adopt and the needs of the children are of course interdependent, and as agencies make greater efforts to place all kinds of children and take the necessary legal steps to free for adoption those children whose parents will never plan for them, more families will also have their desire for a child fulfilled. Social workers cannot do this alone, and they need the support of their boards, the other professions, and the community as a whole. Adoption is a costly service, but yet so very inexpensive when human values are considered. Many agencies are doing an outstanding job in helping unwed mothers, children, and adoptive parents. A way must be found of letting the public know this, and as our citizens know and understand more about what the agencies are trying to do they will undoubtedly want to share in an expanded program of better services.

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ADULT EDUCATION.* Three meanings are currently attached to the symbol "adult education." In its broadest meaning it describes a *process*—the process of adults learn-

*For current information regarding adult education programs the reader is referred to The Adult Education Association of the U. S. A., 743 N. Wabash Ave., Chicago, Ill.

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ing. In this sense it encompasses practically all life-experiences by mature men and women that produce new knowledge, understandings, skills, attitudes, interests, or values. It thus includes the informal learning of individual reading, listening, and experiencing as well as the formal learning of group instruction. In its more technical meaning, adult education describes a set of *organized activities* carried on by a wide variety of institutions for the accomplishment of specific educational objectives. In this sense it encompasses organized classes, study groups, lecture series, planned reading programs, guided discussions, conferences, institutes, workshops, and correspondence courses. A third meaning combines all these processes and activities into the idea of a *movement* or *field*. In this sense it brings together into a discrete social system all the individuals, institutions, and associations concerned with the education of adults and perceives them as working toward the common goals of improving the methods and materials of adult learning, extending the opportunities for adults to learn and advancing the general level of our culture. In the literature of adult education the phrase "the education of adults" usually implies the first meaning, "adult education" or "the program of adult education" implies the second meaning, and "adult education movement" or "the field of adult education" implies the third meaning.

Historical Development

Adults have been engaged in learning since Adam's first educational experience with apples. But in most societies continuing education was long the prerogative of an elite leisure class or the clergy. This exclusiveness began to disappear in the seventeenth century as the result of two new forces: the Protestant Revolution, which placed responsibility on each individual to interpret the Bible and therefore required that he be able to read it; and the American Revolution, which required that each citizen be able to use the tools of liberty and self-government. The first organized programs of adult education in America were those of the church, using the

instruments of the sermons of the clergymen, the midweek lectures, and religious tracts; and those of the revolutionary movement, using the instruments of town meetings, cracker-barrel discussions, letters of correspondence, pamphlets, editorials, books, speeches, poems, and plays to equip the colonists for their new role as citizen-rulers.

About the time that the common man was mastering this new role the world of knowledge was being illuminated by the dawn of the age of science. In the years between the American Revolution and the Civil War there was an upsurge of interest in natural science that produced a hunger for knowledge never before noted in the annals of history. This urge for the diffusion of secular knowledge expressed itself in many ways. Probably the most famous prototype of a uniquely adult learning group was the Junto, founded by Benjamin Franklin in Philadelphia in 1727. Its pattern of weekly meetings for the informed discussion of "Morals, Politics, or Natural Philosophy" has been imitated to this day.

Numerous other institutions were founded in this period—the American Academy of Arts and Sciences in 1780, the Boston Mechanics Institute in 1826, the first public library in Boston in 1848, the YMCA in 1851, Cooper Union in New York City in 1859, the land-grant colleges provided for in the Morrill Act of 1862, and the first women's club in 1866, to mention a few. The first national adult education program, the American Lyceum, was founded in 1831 by Josiah Holbrook of Massachusetts to sponsor lecture-discussions at weekly meetings "for the mutual improvement of members and the common benefit of society." It reached its peak of development in 1835, when some 3,000 town lyceums were flourishing, but had largely disappeared from the scene by 1845.

The period following the Civil War was marked by the lush growth of health and welfare agencies, youth organizations, men's and women's clubs, religious societies for laymen, labor unions, manufacturers' associations, and nationality organizations, all of which were concerned in some way with the

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education of adults as volunteers, members, or clients. One of the brightest stars to light the adult educational skies during this era was the Chautauqua Institution, which pioneered the development of the summer school, the book-based discussion group, and the correspondence course. While evening classes in public schools had been instituted in a few scattered communities before the Civil War, it was not until the massive waves of immigration later in the century created a serious problem of "Americanization" that the evening school for adults became an established part of the public school program. Similarly, although the idea that a university has a responsibility for the adult citizens of its community smoldered for half a century, it was not until the turn of the century that it burst out in a blaze of organization of "general extension" divisions.

Two facts about this early pattern of organization of the adult education movement stand out: (1) adult education developed as an adjunct of some other kind of activity (social agency, public school, university) rather than as a discrete activity with independent character; and (2) individuals and agencies concerned with the education of adults developed intercommunication and loyalties around specialized interests before there was any consciousness of common, national aims. The emerging pattern of growth of the adult education movement thus became a designless mosaic, rich in diversity but devoid of unity.

The Modern Era

During this century the national program for the education of adults has expanded so explosively that it dwarfs all other aspects of our national educational system in numbers of participants and volume of expenditures. The main developments of this era have been:

1. Growth in size of the constituency. The first systematic attempt to estimate the total number of enrollments in all adult educational activities, in 1924, produced a tally of 14,881,500. A survey employing the same sampling techniques in 1955 indicated that the number had increased to 49,508,500.

These were only rough estimates, however, with duplicate enrollments not eliminated, so they are more valuable in showing trends than in providing reliable statistics. The first attempt to get actual census figures was made by the Bureau of the Census in its October, 1957, Current Population Survey, which showed that about 9,000,000 individual adults were enrolled in organized classes.

2. Change in the character of the constituency. Prior to World War I the participants in adult education programs were overwhelmingly the under-educated—immigrants, people who had dropped out of school in their youth, and submarginal workers. Since that time the constituency has shifted sharply in the direction of the well-educated—people who enter into adult education not to remedy past deficiencies but for further development.

3. Expansion of the institutional auspices of adult education. One form of expansion has been in the types of organizations providing adult educational services, and the 1960 *Handbook of Adult Education in the United States* lists these types as having a major role in the field now: associations and councils, business and industry, colleges and universities, agricultural extension service, foundations, government agencies, health agencies, independent and residential schools, international organizations, labor unions, libraries, mass media, museums and art institutes, proprietary schools, public schools, religious institutions, social welfare agencies, and other voluntary organizations. Another form of expansion is in the number of units within each of these types that have developed adult education programs. For example, whereas in 1900 only a few labor unions had adult education programs, today over 50 international unions have educational departments with full-time staff providing services and materials to some 85,000 local units. In 1900 only 12 universities had extension divisions; today the membership in the National University Extension Association is approaching 100 institutions. Similar rates of growth could be illustrated in practically any of the institutional types. But perhaps the most dramatic growth has been in business and industry.

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Clark and Sloan (*infra*) concluded a recent study of this phenomenon with these words of awe: "It is possible that we are now witnessing, in the educational activities of American industry, the birth of a third great educational force of far-reaching consequences. For, just as the first (the university) has perpetuated learning, and the second (the public school) has provided the bulwarks for democracy and for a free economy, so this third innovation is adapting civilization to a new technological era, the ultimate consequences of which stagger the imagination."

4. The entrance of the federal government into the direct support of certain phases of adult education. The passage of the Smith-Lever Act in 1914, which provided federal funds on a contributive basis with state funds for the establishment and operation of the Cooperative Extension Service, marked the entrance of the federal government into the adult education picture. Three years later the Smith-Hughes Act made federal funds available to augment state and local funds for the expansion of vocational education, principally through the public schools. The great depression of the 1930's witnessed the further support of adult education by the federal government through a wide variety of activities by the Works Progress Administration, the National Youth Administration, the Civilian Conservation Corps, the Tennessee Valley Authority, and other agencies. The "G.I. Bill of Rights" following World War II gave many adults an opportunity to continue their education. Several Presidential commissions have made pronouncements regarding the role of adult education in the national welfare, notably the President's Committee on Education Beyond the High School in 1957. The establishment of an Adult Education Section in the U. S. Office of Education in 1956 was the clearest symbol yet of the emerging role of the federal government in this field. The Defense Education Act of 1958 has many important implications for the education of adults, especially in the area of aging.

5. The entrance of foundations into the support of adult education. The first large

foundation to give major grants to adult education was the Carnegie Corporation of New York, which subsidized the American Association for Adult Education from 1926 to the mid-1940's and underwrote a large body of literature. The W. K. Kellogg Foundation has been active in the field since 1950, most visibly in contributing to the erection of large Centers of Continuing Education at Michigan State University, the University of Georgia, the University of Chicago, the University of Nebraska, and the University of Oklahoma. The Fund for Adult Education, established by the Ford Foundation in 1951, has supported numerous projects for the promotion of liberal adult education and has directly conducted an extensive program of developing and testing discussion materials in national affairs, world affairs, economics, and the humanities.

6. Shifts in program emphases. The curriculum of adult education has traditionally been determined by the pressing social needs of the time. Originally highly religious and civic in content, it moved during the nineteenth century to the diffusion of secular knowledge, the development of skills required by the Industrial Revolution, and the Americanization of immigrants. During the early part of this century it became highly vocational in flavor and then, in response to the depression, the wars, and technological advance, began greatly broadening its base. In fact, adult education seems to be in the process of developing a curriculum of its own separate from the traditional academic organization of subject matter. This uniquely adult curriculum is becoming organized around the real-life problems of individuals and society, with an emerging typology that includes: education for aging, community development, creative arts, economic education, literacy education, health and safety education, home and family life education, human relations, leadership training, intergroup education, liberal education, public affairs education, leisure-time education, and vocational education.

7. The development of new knowledge and methods. Although much less still is known

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about the education of adults than about the education of children and youth, an increasing amount of research has been devoted to adult education, especially in the related disciplines of psychology, sociology, and education. The complete June issues of the *Review of Educational Research* have been given over to summarizing research in this field in 1950, 1953, and 1959. The summer issues of *Adult Education* have reported research in progress since 1955. Special attention has been given in the last decade to the study of the behavior of groups and their use as instruments of learning. As a result of these studies and numerous practical experiments, a wide variety of new methods of teaching adults has emerged. Nowadays one finds much less reliance on lectures than formerly and more use of group discussion, role playing, case problems, demonstrations, audio-visual aids, projects, and other participatory activities.

8. The development of professionalism. Until 1935 there was no way a person wishing to make a career in adult education could obtain professional training specifically for this role. In that year Teachers College, Columbia University, awarded the first Ph.D. in adult education, and since then about twenty other universities have developed graduate programs in adult education. In addition, inservice training programs for adult education workers have been instituted in every institutional area.

9. The development of a unified field. The first attempt to bring the various segments of the adult education field into intercommunication and some sense of unity was the formation of the American Association for Adult Education under the auspices of the Carnegie Corporation in 1926. This organization sponsored annual conferences, encouraged the formation of local and state adult education councils, stimulated research, and produced a substantial body of publications, including the quarterly *Adult Education Journal*. A somewhat parallel organization, the Department of Adult Education of the National Education Association, existed during this same era, although its focus was more directly on public school

adult education. In 1951 these two organizations joined together in creating a more comprehensive organization, the Adult Education Association of the U.S.A. (AEA). The AEA serves as an information clearing house for the entire field, conducts conferences, publishes the monthly *Adult Leadership* and the quarterly *Adult Education* and various pamphlets and monographs, provides field services, and represents the field to the public. Through its Council of National Organizations it provides a forum through which representatives of about one hundred national organizations can exchange experience and work together on common problems. The segmental loyalties had developed so early and so firmly, however, that much progress remains to be made before adult education can be said to be a unified field.

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MALCOLM S. KNOWLES

AGING, THE. The last decade has witnessed an increasing recognition of the growing numbers of older people in this country and some understanding of the social and economic implications of the population growth in the upper age group.

Statistics on Aging

In 1900 there were 3.1 million persons aged 65 years and over in the United States; by 1958 their numbers rose to 15 million; by 1980 the figure is expected to reach 24.5 million. This age group accounted for 4.1 per cent of the population in 1900, 8.6 per cent in 1958, and is expected to account for from 9.0 to 10.6 per cent in 1980.

The growth in the 45 to 64 year group has been substantial but less spectacular. From 10.5 million in 1900, the figure rose to 35.2 million in 1958 and is expected to reach 43 million in 1980. This group in 1900 was 13.8 per cent of the total population, in 1958 it was 20.2 per cent, but by 1980 is expected to drop to somewhere between 16.1 and 19.0 per cent of the total.

The enormous strides in reducing death rates at birth and in early childhood, as well as a decline in the birth rate (until the 1940's) have been the major factors in the increased size and proportion of the older population during the first half of the twentieth century. While the increasing birth rate may make the percentage figures less spectacular in the later part of the century, there is every evidence that the numbers of older people will continue to increase.

Life expectancy at birth averaged 69.6 years in 1956 (66.7 for men and 73 for women). From 1900 to 1956, life expectancy at birth has increased by 22.6 years. The increase of life expectancy at the middle age and in the later years has been far more moderate: for example, at age 45 the average remaining years of life in 1900 were 24.8, as against 29.3 in 1956. At age 65, the average remaining years of life in 1900 were 11.9, compared with 14.2 in 1956. However, medical research now in progress affecting diseases of the circulatory system, cancer, and other major causes of death in later life may change these figures substantially in the years ahead. Some medical authorities have predicted that life expectancy may reach one hundred years by the end of the century.

The longer life expectancy of women has resulted in an imbalance in the proportions of men and women in the older brackets. So, for example, in the age group 65 and over there are only 83.7 men per 100 women (1958).

This explains the very high ratio of widows in the aged population. In 1957, of all women aged 65 to 74, 46 per cent were widowed; in the 75 and over group, 70 per cent were widows. But among men, the comparable percentages were considerably lower—15 and 38. Of all men aged 65 and over, 68 per cent were married, 32 per cent were single, widowed, or divorced; of all women in the same age group, 36 per cent were married, 64 per cent were single, widowed, or divorced.

These figures have important implications for those involved in providing services for the aging. The large number of widows aged 65 and over—about 4.2 million—presents special considerations in such fields as housing and recreation. Furthermore, this is a particularly low-income group: about 900,000 of these widows have no income at all, and about 2.8 million of them have incomes of less than \$2,000 a year (1956).

Financial Status

Although there has been a substantial increase in the income of older persons during the past decade, as the result primarily of

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the old-age, survivors, and disability insurance (OASDI) program, the money incomes of older people are still much lower than those of younger persons.

In 1956 the median income of all families in the United States was \$4,783 per year as against \$2,500 in families whose head was 65 years or older, and in the latter group about 40 per cent had incomes under \$2,000. The average annual income of single persons aged 65 and over was \$901 compared with \$1,426 for single persons of all ages.

One of the most significant factors in the financial picture is home ownership. About one-half of this group (about two-thirds of the couples) own their own homes, which presumably reduces cash needs. However, many of the houses are substandard, and the net worth of millions of older persons is modest indeed.

A study of the net worth of OASDI recipients in 1957 revealed that one-half the beneficiaries had less than \$5,000 of net worth (including value of home), one-fourth had zero net worth, and one-fourth had a net worth exceeding \$13,700.

In March 1959 there were 12.8 million persons receiving benefits under the old-age, survivors, and disability insurance program, of whom about 7.1 million were retired workers, 2 million were aged wives or husbands of these retired workers, and 1.3 million were aged widows, widowers, and dependent aged parents of deceased workers. In that same month about 2.4 million persons received old age assistance (OAA) payments. Approximately 600,000 were receiving both OAA and OASDI benefits.

OASDI benefits were the principal means of support for large numbers of the aged. In 1957, 44 per cent of the beneficiary couples and 60 per cent of the single retired workers and aged widows had no independent retirement income aside from their old-age and survivors insurance benefits, or had less than \$75 for the entire year.

The average monthly OASDI benefits in March 1959 were: retired worker, \$71.84; aged spouse of retired worker, \$37.88; aged widow, \$55.98. The average benefits for an

aged couple as of early 1959 were obviously higher, around \$115 per month. *See SOCIAL INSURANCE.*

In addition to the recipients of OASDI benefits, about 900,000 persons were receiving retirement or survivor payments based on previous public employment, and approximately 700,000 were under railroad retirement programs (1957). About 1.25 million received retirement benefits under private industry plans (1957). However, many persons received payments under more than one retirement program; there is as yet no unduplicated count of the number of individuals who received retirement pensions.

At the end of 1957, some 17.7 million wage and salary workers were covered under private retirement plans; this was 36 per cent of the private employed labor force. However, the income of workers retiring under both social security and private pensions, according to some estimates, is usually not more than 40 per cent of their former incomes. This situation even among those retiring under the most advantageous financial conditions indicates the serious budgeting problems for the retired individual and raises an economic problem for a community with a large number of retired persons having such a comparatively low purchasing power.

Employment

The proportion of older persons in the labor force has been declining since the turn of the century, excepting the war years, and this trend has not yet ended. Only 26 per cent of all persons aged 65 and over had some money income from employment in June 1958; this includes married women who are not employed but whose husbands are earners.

In 1900, approximately 2 out of 3 men aged 65 and over were in the labor force; today the ratio is about 1 in 3. The factors accounting for this drop in employment are mixed: the relative decline in agricultural and self-employment in the past decades have reduced work opportunities for many older men. Another influence has been the growth in private pension programs which was ac-

accompanied by the adoption of mandatory retirement in many industries, most frequently at age 65. Finally, the growing availability of pensions has enabled many older persons to withdraw voluntarily from the labor force when health was impaired or for other reasons.

The spread of automation in heavy industry has already displaced thousands of workers, and the older employees have been the hardest hit.

Medical Care Costs and Health Insurance Program

There has been increasing awareness that the aged, like other predominately low-income groups, are apt to find financing of their medical needs a heavy burden. A 1957 survey of medical costs of OASDI beneficiaries revealed that nearly a third of beneficiary couples incurred medical expenses of \$300 or more that year while 70 per cent had incomes of less than \$3,000; among nonmarried beneficiaries, about one-fourth incurred medical expenses of \$200 or more, while 80 per cent had incomes below \$1,800. On the whole, there was little relationship between the amount of medical costs incurred and the amount of the cash income. Only 14 per cent of the couples and 9 per cent of the nonmarried beneficiaries had any of their expenses covered by insurance.

More than four-fifths of all beneficiary groups incurring medical costs assumed responsibility themselves for payment. About 6 per cent of the couples and 3 per cent of the nonmarried persons had larger unpaid medical bills at the end of the year than at the beginning.

The proportion of older people who have some form of voluntary health insurance is greater in the general aged population than in the segment that is drawing OASDI benefits. This was revealed in a 1957 survey by the National Opinion Research Center of the University of Chicago, in cooperation with the Health Information Foundation. According to this survey, nearly 40 per cent of the entire population aged 65 and over were covered by some form of voluntary health insur-

ance. About one-sixth of the persons were uninsured at the time of the survey but had been covered in the past; nearly a third of these said they could not afford to make the payments and had therefore dropped their insurance; another one-fourth reported their insurance was terminated because they retired or gave up working.

Some insurance companies are attempting to meet the needs of health coverage through voluntary means by removing some of the obstacles that prevented many older people from obtaining insurance coverage. Several large insurance companies have offered hospital and surgical group insurance plans to persons aged 65 and over, without medical examination. Individual policies cannot be cancelled so long as the program remains in force and the insured member continues to pay the premiums. Premiums range from \$6 per month in one plan to somewhat higher costs in others, for limited hospitalization and health services.

Because of the increasing costs of medical care and the low incomes of older people, there has been a growing demand for inclusion of health insurance in the OASDI program. A bill sponsored by Congressman Aime J. Forand would provide surgical services and hospital and nursing home care for those on OASDI rolls for specified periods of time; the bill provides for increased contribution rates by employers and employees to finance this program. Financing of health care of the aged seems likely to develop into a major political issue in the next Congress.

White House Conference

On September 2, 1958, President Eisenhower signed the "White House Conference on Aging Act," which became Public Law 85-908. The White House Conference will be held in January 1961, and will be planned and conducted by the Secretary of Health, Education, and Welfare, with the assistance and cooperation of other departments and agencies represented on the Federal Council on Aging (see below) and an advisory committee. Administrative responsibility for the conference was assigned to the Under Secre-

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tary working through the Special Staff on Aging. This is a permanent unit within the Department which carries major responsibility for work with the aging at all governmental levels.

The White House Conference on Aging Act states that legislation is needed to improve and develop programs to permit the country to take advantage of the experience and skills of older persons, to create conditions which will better enable them to meet their needs, and to further research on aging. To this end, Congress directs the federal government to work jointly with the states and their citizens to develop plans for action which will assure middle-aged and older persons equal employment opportunities; provide such persons with adequate incomes, suitable housing, and assistance in preparation for their later years; and step up research in this field.

The Conference is to bring together 2,750 official representatives of all levels of government and professional and lay persons, to arrive at facts and make recommendations for improving conditions for the aging.

Grants to states are provided in amounts to be determined by the Secretary of Health, Education, and Welfare, ranging from \$5,000 to \$15,000 to any one state. These grants are for the states' use in planning and conducting state and local conferences from which recommendations will flow for presentation at the White House Conference.

In recognition of the importance of the needs and problems of our aging population, President Eisenhower reconstituted the Federal Council on Aging in March 1959 and raised it to Cabinet level. The Secretary of Health, Education, and Welfare was made its permanent Chairman, and membership was limited to the heads of the several federal agencies most involved with programs for the aging.

State and Community Organization

State activity in preparation for the White House Conference will undoubtedly increase the number and activities of official state organizations on aging. Official state bodies vary widely in type of organization, function,

and effectiveness. Some are composed largely of state commissioners and serve to stimulate and coordinate programs at the state level. Others are appointed by legislative act, and may include legislators and citizen groups. Some commissions or committees are appointed for study only, and are appointed for limited terms with little or no funds at their disposal. Others are considered to be more permanent in nature, and a few have substantial budgets which provide professional staff and aid local communities within the state to establish committees and programs.

Many of the larger cities in the country have established community-wide committees on the aging, usually under the auspices of the community welfare council, often on a county-wide basis. These groups, with full-time or part-time staff service, include not only voluntary social agencies but also representatives of county and city government, housing authority, medical society, chamber of commerce, organized labor, civic groups, religious bodies, educational institutions, and so forth. They are responsible for planning, stimulating, and coordinating a community program to meet the health and social welfare needs of older people.

National Voluntary Organizations Concerned with Aging

Over a hundred national organizations have been identified as having an interest in or providing services to the field of aging as part of their activities. In 1959 the first Conference of National Organizations on Aging was conducted by the National Committee on the Aging, and a directory of national organizations with an interest in aging was assembled by the Department of Health, Education, and Welfare.

The National Committee on the Aging of the National Social Welfare Assembly acts as a central national resource for information, consultation, and materials. It maintains a special library and a staff of consultants in special fields. The Committee is also responsible for special projects in such fields as utilization of older workers, flexible retire-

ment, standards of care for older people in institutions, standards for center and club programs, guardianship and dependency. It publishes regularly a *Progress Report* of its activities.

The Gerontological Society, Inc., is the major professional society, stimulating and reporting scientific and social research through its annual meetings and two publications. In 1960 the Fifth International Gerontological Congress will be held in San Francisco.

Other groups recently organized or with an intensified national program are: (a) Committee on Aging of the American Public Welfare Association, with an augmented staff and program to improve public welfare services for older people; Committee on Aging of the American Medical Association, with a seven-point program which includes stimulation of concern with health problems of older people by state and county medical societies, and the urging of local doctors to become active in community planning activities and join forces with social agencies in a total health program; and the Joint Council to Improve the Health Care of the Aged, composed of the American Medical Association, American Hospital Association, American Dental Society, and American Nursing Home Association.

Publications

The following magazines are devoted exclusively to the subject of aging:

Aging (published by the U.S. Department of Health, Education, and Welfare)

Journal of the American Geriatrics Society
Journal of Gerontology (published by the Gerontological Society)

Journal of Lifetime Living (published commercially)

Mature Years (published by the Methodist Church)

Modern Maturity (published by the American Association of Retired Persons)

Newsletter of the Gerontological Society

Retirement Life (published by the National Association of Retired Civil Employees)

The 65 Magazine (published commercially)

Senior Citizen (published by Senior Citizens of America)

Professional Training

As in many other fields of practice in health and welfare, there is a shortage of trained staff in the field of aging. Some beginnings in specialized training are being made.

The Institute for Social Gerontology was established in 1957 with headquarters at the University of Michigan which for many years has held annual conferences and otherwise exercised leadership in the field of adult education. Sixteen universities participate in the program of the Institute which represents a major effort to increase the number of trained personnel working on the problems of personal and social aging in America. This is to be achieved through the training of university faculty who are in a position to teach professional workers, and the preparation of instructional materials.

The Council on Social Work Education in cooperation with the National Committee on the Aging conducted a Seminar on Aging at Aspen, Colorado, in 1958. The Seminar, equally divided between representatives of schools of social work and the field of practice, was planned to strengthen the curriculum to help prepare social workers for more effective work with older people. Two publications containing major papers and discussion resulted from it.¹

One of the major efforts of the program of the Committee on Aging of the American Public Welfare Association is training public welfare personnel for work with older people.

Special Services in the Field of Aging

Employment service. By the beginning of 1959, four states had adopted legislation against age discrimination in employment, and bills were introduced in the 1959 legislatures of 14 other states and the Congress of the United States. Older worker counselors in state employment offices are demonstrating that many placements can be made through special effort. Voluntary groups through pilot programs have done much to demonstrate potentials in the employment field.

¹ See Council on Social Work Education, *infra*.

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Many companies across the country are reconsidering the mandatory retirement policies that they inaugurated with pension plans. Unions are also beginning to give some thought to their responsibilities toward their older and retired members.

Health services. In the health field, notable developments are taking place. Major research and demonstration projects are supported largely through grants from the U.S. Public Health Service. Rehabilitation programs for older people, carried on in scattered experiments across the country, are demonstrating the restorative potential of elderly patients.

Studies of a small group of psychiatrists have added immeasurably to the understanding of the older person's reactions to and defenses against the inevitable traumatic experiences that come with age.

The extensive coordinated psychiatric, medical, and social studies at the Center for Aging at Duke University are evidences of a new scientific and interdisciplinary interest in the older person. Many universities now conduct research in a variety of aspects of the aging problem.

Social Services

First among the social services must be mentioned casework and counseling service to aid the older person with family and individual problems. Some family agencies are providing this service. One of the notable experimental projects in family counseling and casework, including problems of dependency and protective care, has been carried on with special financing by the United Charities in Chicago in cooperation with the Legal Aid Bureau.

Important, too, are the visiting services: the increasing use of the visiting nurse for elderly patients, the visiting homemaker for families of older people as well as young families with children, and the friendly visitor.

Another program growing in significance and size is that of foster home placement of older people. Surprising success is reported from some states in foster home placement of elderly patients released from mental hos-

pitals and from veterans hospitals. A few experiments are going on with a meal service to the homebound.

The social programs—the so-called Golden Age Clubs, under many different types of auspice—continue to increase in number. Many of them are now adding adult education and service projects to programs that began as being purely recreational in character. Of growing importance are the “center” programs for older people, providing facilities devoted to their leisure-time interests.

Housing

In the field of housing a great variety of experiments are now taking place. There is also discernible change from preoccupation with architectural features to plans for social service from the community as older people grow still older.

Public housing for older people is increasing, and federal regulations permit adding the cost of special features for apartments for elderly people. FHA loans have made it easier for the individual older person and nonprofit organizations to borrow funds to finance new housing. And the so-called founders' fees are enabling many philanthropic, religious, and nonprofit community groups to finance original costs of building from purchase of accommodations by those with funds to invest in this way. Retirement villages, trailer communities, and converted hotels are among the current developments in the field of private enterprise. It is now understood, on the basis of experience, that there can be no single type of housing for the elderly, for there is no twenty-year period in life which brings greater physical change than the years from 65 to 85 except those from 1 to 20.

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GENEVA MATHIASSEN

ALCOHOLISM is today's great hidden problem. Comparatively few people are aware of its realities: of its vast extent and its destructive effect on every segment of our national and community life; of its true nature as a disease which responds to treatment; of the tremendous strides toward control that have been made in the past twenty years—the growing availability of accurate information, and the steadily increasing facilities for care and treatment.

Alcoholism remains largely a hidden problem because of the stigma it has always carried. This stigma arises from three main sources: (a) ignorance, and the resulting false premises on which a vast mythology was built—a mythology which many still accept as gospel; (b) the natural human reaction to a disease which manifests itself in bizarre and often antisocial behavior; and (c) its relation to an accepted social custom (drinking) which the great majority engage in for pleasure and without harm to themselves or others. Again quite naturally, this majority fails to understand and often deeply resents what they consider wilful abuse of

a valued and pleasurable social activity. All of these factors have led to the labeling of alcoholism as a moral problem, and of alcoholics as morally deficient, weak-willed, or deliberate offenders against the social mores. In short, public attitudes have long condemned alcoholism and alcoholics.

It is often forgotten that "public attitudes" are shared by *all* the public: not just the "man in the street," but also members of the professions—medical, legal, scientific, social, theological, and so on. More importantly for the control of alcoholism, "the public" also includes alcoholics themselves, and their families, friends, and employers. All of these people have shared the mistaken beliefs of past generations. Since such beliefs are based on early conditioning, and since they are emotional rather than intellectual, they are held with amazing tenacity. As a result, prejudice and hostility toward alcoholics are shown even by highly trained professionals. Alcoholics themselves will go to incredible lengths to avoid the label "alcoholic" with its instant connotations of weak will, weak character, moral delinquency, and so forth. Their families will go to even greater lengths to conceal the "shame" of having such a delinquent in their midst, to protect their alcoholic from condemnation, to save the rest of the family from the degrading stigma. Friends and employers too often follow suit, protecting (concealing) in misguided kindness or in genuine non-recognition. This creates the hidden problem.

The long-accepted stereotype of the alcoholic also contributes heavily to the hidden problem. *The* alcoholic has been held to be the "skid row" derelict, the homeless man, the down-and-outer, or at the very least someone who was obviously well on his way to that level. Recent studies have shown this stereotype to be as far from the facts as the rest of the ancient mythology on this subject.

The most recent estimate¹ indicates that over 5 million Americans are suffering from alcoholism. The largest estimate of our total

¹ Keller, Mark and Vera Efron. "The Rate of Alcoholism in the U.S.A., 1954-1956," *Quarterly Journal of Studies on Alcohol*. June 1958. P. 317.

skid row population is 500,000.² Therefore, even if all of these latter had alcoholism they would comprise only 10 per cent of the total alcoholic population. But recent studies conducted by the Opinion Research Center of the University of Chicago,³ the Salvation Army, and the Volunteers of America give from 25 to 32 per cent as the proportion of these men with alcoholism. A generous average of 30 per cent indicates some 150,000 alcoholics in this group, or 3 per cent of the estimated 5 million.

This means that 97 per cent of our 5 million alcoholics are apparently normal individuals, however great their struggle may be to keep up the facade of normalcy. They have families and they are living at home, even though their excessive drinking is consistently disrupting the usual patterns of living. They have jobs and they are working, on a full-time regular basis, at all occupational levels, although with greatly impaired efficiency. They have alcoholism, but no one seems to know it, least of all themselves. This is the hidden problem.

Definitions

Alcoholism is a chronic progressive disease which, if left untreated, leads to total disruption of normal patterns of living and eventually to insanity or early death. It constitutes a major health problem in the United States. Nevertheless, since scientific and professional interest is fairly recent, there is much confusion of terminology even among workers in the field. *The Alcohol Language* by Mark Keller and John R. Seeley⁴ is a recent and invaluable contribution to the clarification of terms used in writing about or discussing alcoholism. The preferred definitions for four key terms are given as follows:

"Alcoholism. 1. A chronic disease, or disorder of behavior, characterized by the

² Dunham, H. Warren, Ph.D. "Skid Rows: Past, Present, and Future." Paper presented at Fourth Annual Institute on Homeless and Institutional Alcoholic, National Council on Alcoholism, Annual Meeting, 1959.

³ "Study of Homeless Man Areas in Metropolises." Report of National Opinion Research Center, University of Chicago, December 1957. (Unpublished)

⁴ See *infra*.

repeated drinking of alcoholic beverages to an extent that exceeds customary dietary use or ordinary compliance with the social drinking customs of the community, and that interferes with the drinker's health, interpersonal relations, or economic functioning."

"Alcoholic. 1. A person whose behavior or condition complies with a definition of alcoholism." Spelling this out for practical working use, the National Council on Alcoholism recommends the following: "Someone whose drinking creates a *continuing* problem in any department of his or her life."

"Chronic Alcoholism. 1. Alcoholism with complications; physical or psychological changes due to the prolonged excessive use of alcohol."

"Chronic Alcoholic. 1. A person who has chronic alcoholism."

There are two other terms which are consistently misused and whose clarification is of the first importance since it has a direct bearing on treatment and on the procurement of facilities: "acute alcoholic" and "acute alcoholism." There is no definition for the first of these terms, since there is no such thing. However, as alcoholism is a chronic disease it does have an acute state or phase. The correct phrases and definitions are given in full:

"Acute Alcoholism. 1. Alcohol intoxication or alcohol poisoning. 2. A state of intoxication in an alcoholic. 3. The temporary disturbances or the acute alcoholic states due to excessive drinking."

"Acute Alcoholic State. 1. A physical or mental disorder of alcoholics, associated with and immediately consequent to a prolonged bout, as acute alcoholic hallucinosis, acute Korsakoff's psychosis, delirium tremens, post-alcoholic psychomotor agitation. 2. Alcohol intoxication."

Treatment

Referring to the above definitions, it will be seen that treatment falls into two distinct categories. The treatment of acute alcoholism is primarily a medical problem, and is best handled in a general hospital setting, since it includes at best such acute physical symptoms as dehydration, extreme nervousness, sleeplessness, tremors, and general physical

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discomfort, all recognized today as part of the withdrawal symptoms of alcoholic drinking; and at worst such serious medical conditions as alcohol poisoning or delirium tremens. Where the acute state involves mental disturbances the psychiatric section of a general hospital is of course indicated, but fortunately these conditions occur far less frequently than is generally believed. The great majority of alcoholics in the acute state of their illness can actually be treated in the doctor's office or at home. Medical care is the important thing—and the recognition that this condition is not for the psychiatrist, the psychologist, or the social worker to handle but that it requires the skills of a physician and often the additional skills of a trained nurse.

The treatment of the chronic condition, the alcoholism itself, is an entirely different matter. In the present state of our knowledge this treatment is largely psychological, with strong social implications. It is directed toward the re-education of the alcoholic to a life without drinking, and of necessity is a long-term proposition involving not only all the therapeutic disciplines but all of the elements of the world in which the alcoholic lives. Outpatient clinics with a multidisciplinary approach and a heavy emphasis on the role of the social worker have proven a most effective method. Alcoholics Anonymous, a loosely knit fellowship of alcoholics dedicated to helping themselves and each other and utilizing a program of psychological, social, and spiritual tools, has proven the most effective of all. Where these two work together the results are immensely encouraging. If, in addition, there is growing community awareness of the true nature of alcoholism, and a lessening of the old hostility and condemnation, we have the elements of eventual control and prevention.

Since the etiology of alcoholism remains unknown there can be no specific for it, and there is no cure. The disease can be arrested, however, and the broad variety of elements involved in its successful treatment are indicative of a possibly equally broad variety of causes. The facts that no alcoholic can safely touch alcohol and that recovery from alcohol-

ism is based on permanent abstinence from alcohol in any form have given impetus to the search for a physiological cause. Research in this area is increasing, as are biochemical, neuropharmacological and other physiological theories of etiology. Psychological theories abound, but unfortunately research in this area leaves much to be desired. While related studies in the general mental health field have proven helpful, good psychiatric research specifically directed toward alcoholism is badly needed. Too many theories have been accepted without sufficient evidence, resulting in the widespread failure of orthodox psychiatric methods to produce recoveries and a concomitant unwillingness of many psychiatrically oriented therapists to treat these patients. Some clinical research is beginning to appear from alcoholism facilities, and it is hoped that there will be a great increase in this area in the next few years. Social theories have been advanced only recently but are gaining widespread attention and show promise of making a real contribution. The whole area of research is expanding to include not only alcoholism and its causes but the effects of alcohol on the body in the light of new knowledges and techniques, and the social and cultural aspects of drinking in relation to the incidence of alcoholism.

Activities

Research into etiology and into treatment is only part of this vast and complex field. Research itself had to be stimulated by public interest and public demand, and this had to be stimulated by education and by the hope that something could be done, which in turn had to be stimulated by proof that something *could* be done.

The first stirring of hope came with the founding of Alcoholics Anonymous (AA) in 1935, and the succeeding 24 years have produced the proof, in the persons of 250,000 alcoholics recovered through AA. There is little doubt that this is the single most important factor in the great change that has occurred in attitudes and activities concerning alcoholism. Professionally trained workers entering this field cannot afford to over-

look this phenomenon created by alcoholics for alcoholics; it is a source of information and insight into alcoholic patients, as well as a valuable resource for referral. There is no community in the United States without an AA group, and there are hundreds of groups scattered among some 80 foreign countries, making this certainly the most widespread activity in the field.

The present Yale Center of Alcohol Studies dates from 1940 when the late Dr. Howard Haggard, Director of Yale's Laboratory of Applied Physiology, established a Section of Alcohol Studies under Dr. E. M. Jellinek. Concentrating on research and the publication of scientific and technical materials, the Center has wielded tremendous influence, especially through its annual Summer School of Alcohol Studies (which held its first session in 1943), and its special consultation and advisory services.

The National Council on Alcoholism, (NCA) founded in 1944, functions as do other national voluntary health agencies. It carries on a continuing national education program; acts as a central clearing house for information; publishes and distributes literature for both lay and professional use; maintains a Reference Library; provides consultation and advisory services to individuals, organizations, and special groups; and organizes and services a growing network of local affiliates. Some 60 local committees or councils on alcoholism are carrying out NCA's community action program: maintaining alcoholism information centers and working to mobilize existing local resources and to stimulate new resources where needed, including hospital beds and outpatient clinics. The 1959 edition of NCA's clinic directory listed 129 clinics. Many of these are sponsored or operated by official state alcoholism programs, which constitute the fourth major activity in this field.

In June 1945 Connecticut established the first state program devoted specifically to alcoholism. Thirty-eight states now conduct programs which include treatment, research, and education. Of the remaining states, about half are currently considering legislation. Gov-

ernment has accepted alcoholism as a public health responsibility, and so officially marked a new era for the long-stigmatized and hidden alcoholic.

The full extent and variety of the activities carried on by these four major groups would be impossible to detail in a short report. Suffice it to say that between them they are working on all aspects of the disease and its related problems: Alcoholics Anonymous in helping the individual alcoholic who wants help; the Yale Center in providing scientific materials and stimulating professional education and leadership; the National Council on Alcoholism and its local affiliates in doing a grass-roots educational job, gaining citizen participation on a broad scale, and providing direct local services to alcoholics, their families, friends and employers; and the official state programs in providing treatment facilities, education, and some research funds. The state programs have also established their own service association, the North American Association of Alcoholism Programs, which includes the six Canadian provincial programs.

In the past few years a strong ally has joined the fight against alcoholism: the American Medical Association (AMA). In 1955 the Committee on Alcoholism of AMA's Council on Mental Health was established. Primarily concerned with the medical profession, it makes the latest information available to its membership, providing literature, materials, and speakers. It has officially and forcefully called for hospital cooperation in the treatment of acute alcoholism, and has prepared a curriculum for medical schools. This development is of the greatest significance, for it means that organized medicine has accepted alcoholism as a medical responsibility, once again heralding a new era for the long-neglected alcoholic.

There are many other activities which are helping to uncover, and which will eventually help to solve, the problem of alcoholism. Educators, clergymen, business men, and organized labor are all taking another look at alcoholism and adjusting their approaches to it in the light of modern scientific findings.

Aliens and Foreign Born

Professional organizations are holding special sessions on alcoholism at their annual meetings: the Industrial Medical Association, the American Public Health Association, the American Psychiatric Association, the American Academy of General Practice, and many state health and welfare associations, to name but a few. Local health departments have entered the field with study and treatment programs. Good materials on all aspects of alcoholism are now widely available and are being increasingly utilized. The hidden problem is being looked at, studied, and is beginning to be dealt with. Control, and even prevention, have thereby become a possibility.

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MARTY MANN

ALIENS AND FOREIGN BORN. Aliens and the foreign born have been a special concern of the social work profession since its inception. Much of early social work in the United States developed in response to the needs and problems of this group.

Historically, the foreign born have played an important role in the development of America. The 41 million immigrants who have arrived since the Mayflower, and their descendants, have converted this country from a wilderness to the leading and most prosperous nation in the world. Their contribution to our cultural, intellectual, and spiritual life has been enormous. They brought not only manpower but skill, inventive genius, competence in the arts and sciences, and passionate devotion to the ideals of democracy.

The reasons for immigrating to America were many. Some came because of political, social, or religious persecutions; some because of drought or famine; others because of war and its aftermath; and still others to achieve greater economic security or a freer way of life.

The process of being uprooted and of trying to adjust to a new country, new language, and new way of life was a difficult one. Not all who arrived here remained; many returned to their countries of origin because of disappointment, frustration, failure, or loneliness. At first there were no social agencies or other services to assist them during the difficult period of adjustment. Only in recent years has it been recognized that the needs and problems of the foreign born are in many ways different from those of the native population: different in degree, in form, and in focus.

† For addresses of periodicals listed see Appendix.

Aliens and Foreign Born

The refugees and displaced persons of World War II, especially, have undergone serious emotional and physical experiences. Years of hiding from the Gestapo or of being shut away in a concentration camp, years of starvation and deprivation, forced labor, and of living as a number denied the barest vestiges of human dignity, have left their mark in suspicions, fearfulness, and insecurity. The years of idle dependency after the war in a displaced persons camp and the uncertainties and frustrations of processing for immigration have also had a detrimental effect. These factors have given a different character to the immigration since 1933, when the Hitler persecutions began, and more particularly since the end of the war.

While the United States has been the major country of immigration for the past 150 years, it has never been involved officially in any extensive program to aid the alien and the foreign born in their adjustment and assimilation. It is the only one of the major countries of immigration where that is the case.

Role of Voluntary Social Agencies

The major responsibility in the United States for aid to the foreign born and for assisting in the social, cultural, and economic adjustment and integration of the immigrant has fallen to the voluntary agencies. Before the advent of Nazism, these activities were carried on only by such national private agencies as the American Federation of International Institutes, Common Council for American Unity (these two organizations merged in 1959 to form the American Council for Nationalities Service), Hebrew Sheltering and Immigrant Aid Society, International Social Service, Young Women's Christian Association, National Council of Jewish Women, National Travelers Aid Society, National Federation of Settlements, and the Salvation Army. These operated primarily through local branches and affiliates.

After 1933, however, under the special challenge of the refugee immigration, other services to immigrants, beginning with pre-

migration aid, were developed. The refugees served, arriving in the United States after severe hardships and traumatic experiences, included people from all walks of life. They needed a wide variety of services which could be provided only by professionally oriented agencies. New agencies were formed, including the American Christian Committee for Refugees (now integrated into Church World Service), the Catholic Committee for Refugees (most of whose refugee work has been absorbed by the Catholic Relief Services of the National Catholic Welfare Conference), and National Refugee Service (which was merged with the Service to Foreign Born of the National Council of Jewish Women to form United Service for New Americans; the latter, in turn, was consolidated with the Hebrew Immigrant and Sheltering Aid Society and the migration services of the Joint Distribution Committee to form United Hias Service.)

These specialized agencies working with immigrants and other foreign born have for the most part recognized that:

The successful integration of the immigrant can best be achieved through a planned program of resettlement.

There should be proper orientation of the prospective immigrant family in the early stages of emigration planning. At the same time, adequate preparations should be made for the newcomer in the community.

Speedier and more successful integration can be effected in cities which do not have large concentrations of foreign born; therefore, as many immigrants as possible should be distributed throughout the United States.

Adjustment or integration is a gradual but dynamic process by which the immigrants become active participants in the economic, social, civic, cultural, and spiritual affairs of the new homeland—in which values are enriched through mutual acquaintance, accommodation, and understanding, and through which the newcomer has an opportunity to make his own distinctive contribution.

In the initial phases of adjustment in the new community, various problems arise which require the skilled services of a family case-work, vocational, or migration agency.

Aliens and Foreign Born

The above-named specialized agencies in this field have one or more of the following general functions: (a) assisting the sponsor or the prospective immigrant with legal and technical information on the migration process and formalities, and casework evaluation of the migration plan with consideration of the social, cultural, economic, family relationship, health, vocational, and other pertinent factors; (b) providing the prospective immigrant family with information about living and working conditions in countries to which emigration is under consideration, and assisting the family through the technicalities and formalities of obtaining the necessary visas; (c) arranging for the most appropriate means of transportation to the country of resettlement and providing loans or grants for transportation where necessary; (d) providing a skilled reception service at the port of entry and facilitating the onward journey to the community of destination; (e) providing temporary shelter or financial assistance when necessary; (f) rendering a search and location service to assist in the reunion of families, relatives, and friends; (g) providing a skilled resettlement service to local communities and, through field service, correspondence, professional publications and manuals, and training conferences and workshops, stimulating and assisting local communities in the development of programs of reception, housing, casework and medical services, vocational guidance, English instruction, and Americanization, so as to facilitate the total integration of the newcomer; (h) offering technical and casework advice to agencies in local communities on aspects of alien status and especially on what counsel to give to aliens and the foreign born to help them avoid situations which could lead to deportation; (i) representing the interests of the alien and the foreign born with governmental, intergovernmental, and other voluntary organizations; (j) developing leadership within nationality groups; (k) providing nationality groups with channels for community recognition and social status; (l) overcoming friction between nationality groups and other ethnic or cul-

tural groups; and (m) protecting the civil rights of aliens.

Number of Aliens and Foreign Born

The number of aliens and foreign born has varied with the rate of immigration, which in turn has been affected by our national policy, the economic and other opportunities existing in this country, and the conditions in other countries. From 1841 until 1921, when our national immigration policy was a relatively unrestricted one, an average of 411,000 immigrants per year entered the United States as compared with an annual average of some 70,000 from 1929 to 1948, after the implementation of the restricted policy enacted in 1924. Beginning with 1948 there was a substantial increase due to the Displaced Persons Act. (The greatest number of immigrants arriving in any one year was 1,285,349 in 1907, and the smallest 23,068 in 1933.)

The accompanying table shows the number of immigrants admitted and aliens naturalized from 1943 to 1958 inclusive.

NUMBER OF IMMIGRANTS ADMITTED AND ALIENS
NATURALIZED 1943-1958

<i>Year</i>	<i>Immigrants Admitted</i>	<i>Aliens Naturalized</i>
1943	23,725	318,933
1944	28,551	441,979
1945	38,119	231,402
1946	108,721	150,062
1947	147,292	93,904
1948	170,570	70,150
1949	188,317	66,594
1950	249,187	66,346
1951	205,117	54,716
1952	265,520	88,655
1953	170,434	92,051
1954	208,177	117,831
1955	237,790	209,526
1956	321,625	145,885
1957	326,867	138,043
1958	253,265	119,866

There has been a continuing decrease in the proportion of aliens and foreign born in our total population during recent years. This has been due not only to the decrease in immigration but to the growth of the native-born population as well. The 1910 census recorded 13,515,886 foreign born in

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the population, or 14.7 per cent of the total. In 1930 there were 14,204,149, or 11.6 per cent; and in 1950, this was reduced to 10,347,395, or 6.9 per cent of the population. Of the latter number, 7,562,970 were naturalized citizens and 2,052,640 were aliens. According to the Immigration and Naturalization Service, there were 2,899,691 aliens 14 years of age or older who registered their addresses in the annual registration of 1958.

During recent years, there has been an increased effort to obtain citizenship on the part of the alien in the United States. Many factors have been responsible, including the uncomfortable position of the alien in wartime, the restrictions in employment, and the legal requirement since 1940 that all aliens must register their addresses each year with the government and give notice when the addresses change.

Special Groups

In the fourteen-year period since World War II, three special groups of immigrants have entered the United States.

1. Immigrants from Mexico. Immigration from independent countries in the Americas traditionally has been free of quota restrictions. Immigration from Mexico has been particularly heavy since the war, both legal immigration and the illegal or "wetback" influx. The latter—once estimated as high as 2,000,000 a year—has finally been brought under control and the number of illegal entrants is currently said to be very low.

2. War brides. During World War II, thousands of members of our armed forces married nationals of foreign countries in which they were stationed. To facilitate the entry of these war brides and to permit their reunion with their husbands, Congress enacted special legislation (referred to as the War Brides Act) which ran from December 28, 1945, to December 28, 1948. It enabled some 118,000 war brides, war grooms, and their children to be admitted without visa and certain other normal immigration requirements.

3. Displaced persons and refugees. After

World War II, more than 1,000,000 displaced persons remained in Germany, Austria, and Italy after some 7,000,000 others had been repatriated to their countries of birth, nationality, or former residence. In order to help solve the problem of the remaining displaced persons, Congress enacted the Displaced Persons Act of 1948 which permitted 205,000 to be admitted in the following two-year period. The Act was later extended until December 31, 1951, and the number of displaced persons permitted to enter the United States was increased.

Displaced persons were admitted only after meeting eligibility requirements over and above the basic immigration law and after assurances that they would have employment and housing and would not become public charges. The quotas of their countries of birth were mortgaged into the future if those quotas were oversubscribed, but these refugees were permitted to immigrate at that time rather than be required to wait for 15 or 20 years for their quota number to be reached under the normal procedure. (Mortgaging was ended in 1957.)

The program was administered most effectively by a three-man Displaced Persons Commission in conjunction with 18 accredited national voluntary agencies and 36 state commissions. The voluntary agencies provided most of the assurances and took responsibility for the reception, temporary assistance, distribution, resettlement, and integration of more than 90 per cent of the 400,000 displaced persons and expellees who were admitted under the Act. The program was an excellent example of what can be accomplished by a full partnership of governmental and voluntary agencies on national, state, and local levels.

Since the close of the displaced persons program several emergency refugee programs have been undertaken. In August 1953, the Refugee Relief Act was passed by Congress to admit on a non-quota basis some 209,000 refugees and escapees from Communist persecution, and to permit another 5,000 aliens already in the United States on temporary

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visas to become permanent residents under certain specific conditions. The applicants have to qualify for admission under the normal immigration act and must meet certain other conditions even more strict than under the Displaced Persons Act. Again, as in the Displaced Persons Act, this special legislation was considered necessary in order to overcome the quota limitation. Of the 214,000 persons provided for by the Act, 188,252 were admitted before the Act expired.

A second emergency program was undertaken in 1956 and 1957 when 38,045 of the approximately 200,000 Hungarians fleeing their homeland after their unsuccessful revolution were, by Presidential order, admitted to the United States, mostly "on parole"; change of this anomalous status to that of aliens admitted for permanent residence was subsequently enacted. The latest legislative dispensation for refugees (Act of September 11, 1957) enabled some 828 refugees, escapees, and expellees to come to the United States by June 30, 1958.

Legal Limitations of Aliens

The alien in the United States is subject to certain legal restrictions and limitations:

1. Registration. Every alien fourteen years of age or older must be registered and fingerprinted if he is in this country on the first of January of any year, if he remains in the United States for thirty days or longer, and if previously he has not registered and been fingerprinted. Aliens subject to registration must each year thereafter during January notify the Attorney General of his current address and, if he moves in the interim, the new address.

2. Employment. Non-citizens are usually excluded from civil service positions in federal, state, and local governments, and are excluded in all states from being licensed as an attorney, accountant, or dentist, and in some states as a physician. Certain other occupations which require licensing, such as barbering, embalming, liquor dealing, and real estate brokerage are in many states open only to citizens.

3. Social security. While the old-age, sur-

vivors, and disability insurance program operated by the federal government does not differentiate between alien and citizen, in the categorical public assistance programs (old age assistance, aid to the blind, and aid to dependent children), in which states may establish eligibility requirements, some states make citizenship a requirement. One state, Pennsylvania, even requires citizenship to qualify for state-provided relief. The trend, fortunately, is away from these distinctions.

4. Use of public assistance. Even where an alien may be eligible for public assistance under local, state, or federal laws, he may become deportable if, by accepting such public resources, he becomes a public charge within five years after entry into the United States from causes not affirmatively shown to have arisen subsequent to entry.

5. Military service. Aliens admitted for permanent residence, and those admitted for temporary residence who remain in this country for one year or longer, with few exceptions, are subject to service in the armed forces of the United States. While an alien admitted for temporary residence may upon application be exempted, the alien would by this act become forever ineligible for naturalization. Furthermore, should he leave the country after such exemption from military service, he will be ineligible to re-enter as an immigrant.

American Immigration Policy

The immigration policy of the United States has been a controversial one almost since the founding of the republic. It has been a mixture of logic and prejudice, of science and pseudo-science, of extravagant hopes and baseless fears. At times more immigrants have been admitted than the country could immediately absorb, and at others so few have been permitted to enter as to affect adversely the nation's economy and the national security. We have swung from one extreme to another, from an open door policy to one of rigid quantitative and qualitative restrictions.

The early immigration was primarily of peasants from Anglo-Saxon and Teutonic

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countries. They settled on the free lands in the new territories and helped advance the frontiers of our rapidly expanding country. They were welcomed even though there was some small opposition. Beginning in the 1880's, the character of the immigration changed as the emigration fever spread across the European continent from west to east and from north to south. From 1890 until 1920 the immigrants came largely from Italy, Austria-Hungary, and Russia. They were primarily farmers but they arrived in the United States after almost all of the agricultural and timber lands had been given away and at a time when most could be absorbed only in rapidly growing industrial and mining centers. This led to segregation of the new immigrants in slums and mining camps, to housing problems, juvenile delinquency, and other social maladjustments, and seriously impeded the acculturation processes.

The movement for a restrictive immigration policy was due largely to three factors: (a) hostility on the part of those descended from Anglo-Saxon and Teutonic immigrants against the rapid increase in the Slavic, Italian, and Oriental population; (b) the resentment on religious grounds of those already in the United States, who were mainly Protestants, against the large Catholic infusion; and (c) the antipathy of American labor against the new immigrant who they thought constituted a threat to their job security and wage scales. In addition, there was a widespread belief in the period following World War I that depressed conditions in Europe would cause a much larger number of immigrants to seek entry to the United States than the country could absorb.

These factors culminated in 1921 in the first quota formula to be enacted into immigration legislation which was an effort not only sharply to limit the numbers of immigrants but to discriminate against those in Southern and Eastern Europe in favor of those in Western Europe. While the initial restrictive policy was enacted as a temporary measure, it has become firmly rooted in our immigration policy and was made even more complex and restrictive in the revision and codification

of our immigration laws in the 1952 McCarran-Walter Act. This was passed over the veto of President Truman and has been the subject of bitter controversy ever since.

While the present law has a few good features, such as permitting the entry of some Orientals and allowing Orientals to become naturalized citizens, it has many harmful features. It establishes 13 new grounds for deportation. There is inadequate judicial appeal. The statute of limitations has been removed. Naturalized citizens in many respects are made second-class citizens. And actions not illegal at the time of naturalization may now retroactively become grounds for de-naturalization.

Future Policy

As a result of widespread dissatisfaction with the McCarran-Walter Act, President Truman appointed in September 1952 a Commission on Immigration and Naturalization "to study and evaluate the immigration and naturalization policies of the United States." Four months later, after extensive hearings in every part of the United States and after obtaining the most expert opinion, the Commission urged that the law "be reconsidered and revised from beginning to end" and stated that present immigration laws "flout fundamental American traditions and ideals, display a lack of faith in America's future, damage American prestige and position among other nations, ignore the lessons of the American way of life."

Presidential candidates of both parties have called for complete overhauling of our immigration policies, and during his incumbency, President Eisenhower has in several messages to Congress asked for substantial revision. To date, these requests have gone unanswered and the controversy over policy continues.

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CAMPING, in its broad meaning, signifies the establishment of temporary living quarters in an undeveloped area. The term has been popularly applied to a form of activity in which individuals and families spend periods of vacation from school or work living in the outdoors and utilizing the natural

environment for recreational purposes. With the increased scope and significance of leisure in American life, the camping movement has expanded considerably in recent years and has created a vast vacation industry designed to provide facilities, equipment, and supplies for the growing number of American campers. The federal government has, through its Department of the Interior, taken a leading role in the conservation of the natural areas in which informal camping activity is conducted.¹ State and local park agencies have also attempted to protect and conserve the wooded areas and natural resources necessary to meet the growing recreational needs of an expanding population.

In addition to these individual ventures into outdoor living, the camping tradition in America has assumed a unique institutional form, in which the attempt is made to develop the values of an organized group experience in a natural environment. This movement, generally referred to as "organized" camping, establishes small, temporary communities in which the participants live in close proximity and engage in planned activities under the leadership of trained personnel. The organized camp is distinguished by its emphasis on outdoor skills and activities, its concern with the effects of group experience on individual personality, its stress on improving the quality of its leadership, and its formulation of specific objectives. Through its administrative processes, the organized camp seeks to create a unified structure of purpose and program designed to control the design and quality of the camping experience.

Scope and Sponsorship

The first attempt at organized camping is believed to have been undertaken by Frederick William Gunn and the students of the Gunnery School in 1861. This program was continued until 1879, when the School deferred to the innovation of the long summer vacation. Notwithstanding this effect on Camp Gunnery, the institution of the summer vacation was an important factor among

¹ See Secretary of the Interior, *infra*.

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the circumstances that ushered in the era of organized camping. In 1876 "The North Mountain School of Physical Culture" was established by physician Joseph Trimble Rothrock in Luzerne County, Pennsylvania, for the purpose of "mingling exercise and study" for "weakly boys" during the summer months. In 1880, the first church camp was founded by the Rev. George W. Hinckley in Rhode Island, with a program based on the inspiration of "Adirondack" (Rev. W. H. H.) Murray, considered by many to have been "the father of the modern outdoor movement." In 1881, Ernest Berkeley Balch established Camp Chocorua in New Hampshire, expressing his primary purpose as that of taking the children of the well-to-do out of the summer hotels and offering them an experience in responsibility and creative labor. Because of Balch's emphasis on the educative, character-building effects of the camping experience, the present organized camping movement has been referred to as the "lengthened shadow" of Camp Chocorua.

The movement of the social agencies into the camping field followed swiftly, led by the Young Men's Christian Association of Newburgh, New York, in 1885, the Salem, Massachusetts, Boys' Club in 1900, and the Boy Scouts, Girl Scouts, Camp Fire Girls, YWCA's, YM and YWHA's, settlement houses and other leisure time agencies, in the early decades of the twentieth century.

In the hundred years of camping practice since the advent of the Gunnery Camp upon the American scene, the field has expanded into a complex network of services, with a wide variety of sponsorships, settings, and objectives. The growth of the movement has been phenomenal: from an estimated 106 camps in 1910,² the number grew to an estimated 1,248 in 1924,³ 6,200 in 1939,⁴ and 12,600 camps in 1951.⁵ A new survey is currently being undertaken by the National Park Service, in cooperation with the American Camping Association, and is expected to pro-

duce the most accurate count as yet achieved. It is anticipated that this survey will be completed in 1960.

The sponsorship of organized camping falls into three major categories. The largest segment is administered by the nonprofit agencies and organizations deriving their financial support from voluntary contributions and community fund-raising efforts conducted by community chests and other local groups. The second largest group of sponsors consists of private individuals and groups who undertake to establish camps as private, commercial enterprises designed to provide a means of livelihood for their entrepreneurs. The third sponsoring group—a relative newcomer to the field, but rapidly expanding its scope—consists of the tax-supported agencies, such as the public schools, local park districts, and state and local departments of recreation and conservation.

The structure of organized camping has been extended, in recent years, to encompass the field of day camping, in which school-age children participate in a daytime program of outdoor activity during the summer months. The prevailing philosophy of the organized day camp partakes of the basic ingredients of the camping rationale: the use of the outdoors, the values inherent in group association, the importance of creative play, and the adherence to a specified set of objectives of an educational-developmental-character building nature.

Both in its resident and day camp manifestations, the field of camping is structured to address itself to a broad variety of specialized needs. In addition to its provision of educational and recreational experience for normal children, adults, and families, the camp setting is being increasingly used to serve the physically handicapped, the emotionally disturbed, and other groups requiring specialized care and unique adaptations of the traditional camp program. In addition, there are camps which attract clientele around particular interests, such as music, dance, art, canoeing, and even some forms of rugged outdoor living which have become subordinated, in many camps, to other aspects of the organized

² See Gibson, "The History of Organized Camping," *infra*.

³ *Ibid.*

⁴ See Dimock and Hendry, *infra*.

⁵ See McBride, *infra*.

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camping program. To these should be added those camps conducted by labor unions, industry, fraternal societies, service clubs, churches, and other associations.

By age, the largest group served in organized camping is that of the nine to fourteen year-olds, although the proportion of adults and family groups has increased as social agencies, fraternal groups, and others have moved to develop new camping opportunities to meet this need.

By length of stay, it is generally characteristic of agency, as against private, resident camps to offer shorter camping periods ranging from five days to four weeks. In the privately owned camp, the period generally extends through eight weeks of the summer season. It should also be mentioned that, while organized camping activity is still largely concentrated in the summer months, there is a developing trend toward the use of camping facilities throughout the year, by the public schools, the leisure-time agencies and national youth-serving organizations.

The Evolution of the Camping Tradition

Organized camping has been described as "a folkway of an urban civilization."⁶ Striking root in the latter decades of the nineteenth century, it had its beginnings in the social revolt against the disorganizing effects of the Industrial Revolution in America. It expressed a strong reaction against the softness and stultification of city life, the competitive ideology of a rising industrialism, and the depreciation of individual, creative labor in a mass production system. In its social agency development—particularly the phase of the "fresh air" movement—the interest in organized camping represented an attempt to remove people, at least briefly, from the unhealthy, crowded conditions of the newly created city slums.

The early camping leaders stressed the restoration of the simple, age-old values which they regarded as inherent in a life close to nature. They emphasized the dignity of work, the healing effect of life in the outdoors, and the importance of communal responsibility. The

basic philosophy was essentially Spartan and their early heroes were the Indians, the pioneers, and the builders of the American frontier. The romanticism and the back-to-nature aspects of the early tradition in organized camping have remained essential ingredients in our present conceptions of camp programming.

Soon after the turn of the century, the flourishing camping movement began to replace its initial reactive emphasis with a more positive exploitation of its own special ability to make a significant contribution to American life. This tendency emerged largely from a growing realization by many other professions and fields of practice that the camp setting possessed certain unique characteristics which made it flexible to many uses. The total control of the individual's environment, the high morale factor induced by close and intensive living together in work and play, the separation from home and city ties, the development of interpersonal relationships of an intense nature, the moving psychological effect of the natural environment—all of these features combined to offer the camp setting as a ready instrument for those interested in the conditions of individual and social change.

As a result, the history of the camping movement is one of attracting and absorbing the traditions and objectives of many other fields and interests in American life. Soon after the turn of the century, the rugged, Spartan tradition in camping underwent its first modification under the impact of the newly developing recreation movement. In this phase, camping incorporated the concern of recreationists with the development of the creative faculties through participation in games, music, dance, dramatic play, and other such activities. This added a new dimension to the camping program, introducing activities which have become as identified with the events of the camp day as the tent, the axe, and the blazing campfire.

Thus too, the movement was profoundly influenced by the "progressive" revolution of the 1920's and 1930's in the field of education. This development was reflected in the "pro-

⁶ See Busch, *infra*.

gressive camping" era represented in Dimock and Hendry's *Camping and Character*, Joshua Lieberman's *Creative Camping*, and other works which characterized camping's prolific literary output of the 1930's. Here again, as with the recreational impact, the identification of American camping with American education has become so complete as to make it difficult to find a camping definition which does not incorporate certain precise educational objectives.

In approximately the same historical period, "the wedding of education and recreation in the great out of doors" found an answering echo in the leisure-time group-serving agencies—settlements, Y's, Jewish Centers, and national youth-serving organizations—then developing into a prominent feature of American urban life. The group workers' concern with both learning and play, coupled with the intense preoccupation with the benefits of the small-group experience, found in camping both a stimulating outlet for service and a ready-made laboratory for demonstrating the social importance of group interaction under professional leadership. The primary contribution of the group workers to the developing camping tradition lay in their emphasis on leadership training, the psychological significance of the small-group experience, and the central importance of the relationship between the cabin counselor and the small group of children with whom he lived. See SOCIAL GROUP WORK.

In a similar manner—and hastened by its early connections with the field of social group work—the philosophy and program of camping have been deeply influenced by the mental hygiene movement and by the traditions and practices of social work and social welfare. This has been reflected in its increasing preoccupation with psychological problems, its emphasis on individual differences, its developing role as part of the year-round pattern of social welfare services, and its growing importance as a residential treatment facility for the emotionally disturbed. Having, earlier, drawn heavily on the new social science of the early twentieth century, organized camping has itself developed into a

significant resource for those who regard the circumstances of camp life as providing an ideal laboratory for observing and changing human behavior.

Toward Professional Development

Throughout the years, camping leaders have faced a major problem in their efforts to combine the various public and private interests into a common and recognizable pattern of practice, with enforceable standards of health, safety, leadership, and program. The efforts to increase public accountability and to formulate professional standards have come from legislating bodies, welfare councils, local health departments, national youth-serving organizations, and, most prominently, from the American Camping Association.

The American Camping Association, beginning in 1910 as a small group of camp directors, now numbers 8,000 lay and professional members and 3,600 camps, both public and private, throughout the nation. Its activities include the administration of an accreditation program, implemented by the issuance of a Camp Member Seal and the publication of a national directory of approved member camps. In addition, the Association works to refine and extend standards, to improve the quality of camping personnel, to stimulate the development of the camping literature, to affect public policy on matters affecting camping, and to interpret the field to the general public.

In the Current Scene

Organized camping began as an institution designed to serve the very rich; subsequently, under the impetus of the fresh-air movement, it expanded its scope to include the very poor. In the intervening decades, it has evolved as a movement that seeks to establish the camp experience as "the right of every child." This development has altered the perspective of organized camping from that of a special facility for particular segments of the population to one which seeks to permeate the educational and social welfare fabric of the community.

The prognosis for such an expansion of

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camping opportunities is seriously affected by certain problems of modern America. In the face of our rapidly shrinking areas of open space, the "exploding metropolis" continues to exert an overwhelming pressure for further subdivision and industrial use. Civic leaders throughout the country are calling attention to the need for legislation and group action designed to prevent a further melting away of open areas. The National Park Service's Mission 66,⁷ and the Camping Survey mentioned above, represent action of this nature. Many feel, however, that the public has not yet been sufficiently alerted to the full scope of the problem. With an estimated increase in the national population to 240 millions in the next 20 years, a considerable increase in available land and buildings will be necessary merely to maintain the present relative volume of camping service.

These factors, added to the soaring land and building costs of the past few years, have produced considerable local interest in plans by which existing facilities may be more extensively used—in winter camping under agency auspices, the use of public recreation areas for year-round camping, and the use of privately owned camp facilities by public schools during the fall, winter, and spring months.

There are many who feel that any substantial expansion of organized camping beyond its present stage must await the further development of public school camping in America. Although less than 100 schools throughout the country have incorporated camping programs, these experiences have created a good deal of interest, and the outdoor education movement has stirred up considerable ferment in recreational and educational circles.

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CANADIAN SOCIAL WELFARE. The development of a comprehensive system of income maintenance programs and health and welfare services in Canada has been extensive and rapid during World War II and the postwar period. Two of the most recent developments have been the implementation of a nationwide public assistance program under the Unemployment Assistance Act, 1956, and the introduction of a nationwide system of hospital services under the Hospital Insurance and Diagnostic Services Act, 1957. By the end of 1959 all provincial assistance programs were receiving federal grants-in-aid under the former measure, and nine of the ten provinces had insurance plans participating under the latter legislation.

Long-established programs of workmen's compensation, mothers' allowances, old age pensions, pensions for the blind, and the various provisions for veterans existed by the time World War II broke out. During the war new legislation covering unemployment insurance and family allowances was passed and a greatly expanded program for veterans was initiated under the Veterans Charter. The postwar period has seen the introduction of new income maintenance programs of old age security and old age assistance, disability allowances, and, more recently, unemploy-

ment assistance. The war and postwar years have also been marked by: the strengthening and extension of public health and welfare services across Canada, including the introduction of health grants under the National Health Program and later the federal health insurance grants; the establishment of the federal Department of National Health and Welfare and of provincial welfare departments in each province, in some cases in association with health departments; and the rapid development of public and voluntary prepaid health care plans. Voluntary organizations have grown in number and have greatly increased the scope of their contribution in the health and welfare field.

Historical Background

The development of social welfare services in Canada was influenced even into the twentieth century by practices which had prevailed in France and England when the colonies were established. For example, in the province of Quebec, where the majority of the country's French-speaking Canadians dwell, there was the tradition of Catholic charity provided by religious orders, while in provinces such as Nova Scotia and New Brunswick there was the philosophy of the English poor laws. In the nineteenth and twentieth centuries there was the important influence of the *laissez-faire* philosophy, which encompassed opposition to government interference through welfare measures because of their supposed effect in undermining the initiative and self-reliance of the individual, on the one hand, and in channeling resources of the economy away from productive activity, on the other.

As the frontier economy receded and industrialization accompanied by urbanization developed, the social welfare needs of a modern industrial economy became more and more apparent. While a variety of programs were initiated in an effort to meet these needs, the development of a nationwide system of social security was impeded by Canada's peculiar constitutional position. The British North America Act and judicial interpretations of the Act together with a growing tradition,

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especially during the first 60 years of Confederation, favoring provincial and local rather than federal provision for social welfare needs tended to be a deterrent to federal action. So long as the costs of such programs were not unduly burdensome the federal role remained restricted. However, with the growing demands upon the state for the establishment of high-cost, nationwide, and comprehensive programs, demands which were accentuated by the depression and crystallized during World War II, the federal government, because of its fiscal capacity and its position to legislate on a nationwide basis, became more deeply involved. While the constitutional position prevented the introduction of one integrated social security program, it was possible to establish some programs through federal grants-in-aid to the provinces as was done in the case of old age assistance, allowances for the blind and disabled, and health grants. In addition, sufficient general agreement was obtained with respect to certain other programs, such as unemployment insurance and universal old age security payments, to obtain the necessary constitutional amendments permitting federal jurisdiction within these fields.

While the economy still remained largely agricultural, the main burden of providing health and welfare services had fallen upon the local authority and upon private organizations, which between them provided relief for the needy, maintenance for children, and care for the sick, aged, blind, and otherwise handicapped. Later, as industrialism expanded in Ontario and Quebec, bringing with it a new mobility of population and unemployment, and as settlers scattered across the prairies and along the shores and valleys of the Pacific coast, where local communities were either small or nonexistent, provincial governments were forced to assume greater responsibility, for the provision of hospital and other institutional facilities in the beginning, and later for the maintenance of certain categories of needy persons. Finally, the federal government began to participate, initially through grants to the provinces for old age pensions, then in the depression for

unemployment relief, and subsequently through three notable programs under its own administration: unemployment insurance, family allowances, and old age security.

Two or three figures make clear the distance Canada has come and the shift of financial responsibility from lower to higher levels of government. In 1913, public expenditures on health and welfare stood at \$15.2 million or \$2.00 per capita, of which the municipal share was \$8 million and that of the provinces something in excess of \$4 million. By 1926 the corresponding figures, including pensions and aftercare for veterans of World War I, had risen to \$88 million, or \$9.00 per capita, of which \$50 million was carried by the federal government and the balance about equally by the provinces and municipalities. In the fiscal year 1958-1959, estimated expenditures on health and welfare services and income maintenance programs totaled \$2,828 million (about \$147 per capita), of which \$2,097 million, or about 74.2 per cent, was borne by the federal government, \$611 million or 21.6 per cent by the provinces, and only \$120 million or 4.2 per cent by the municipalities.

VOLUNTARY AGENCIES

Historically in Canada, as in other countries, the private agency has been the spearhead of advance in many areas of social welfare. Many services first undertaken by voluntary groups, either as emergency measures or as deliberate demonstrations, have since been incorporated into public programs. In Quebec, with a different tradition, private institutions, often aided by public funds, continue to operate many essential services which elsewhere are generally provided under government auspices.

The variety of voluntary social agencies, sectarian and secular, in cities of English-speaking Canada is not unlike that found in American communities of corresponding size. Social planning and fund raising are carried out in all parts of Canada by welfare councils and community funds. There are now only seven cities of 20,000 population or more without community funds, and seven cities

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of 40,000 population or more without welfare councils. Social planning is organized on a metropolitan basis in a number of centers. In Toronto, Vancouver, and Montreal, suburban or district welfare councils have now been set up. Formation of the United Appeal in Toronto in 1957 marked the beginning of the trend away from the community fund type of organization. Of the 95 community funds in 1959, about 38 were united funds. These funds raised about \$27.4 million in 1958, representing 96 per cent of their objective. Through the initiative of the Canadian Welfare Council, a National Agency Review Committee has been established to review the activities and budgets of national voluntary organizations. Six agencies participated in this review process in 1959 and several more in 1960.

Many national organizations familiar in the United States, such as the Salvation Army, YMCA, YWCA, YMHA-YWHA, Boy Scouts, and Girl Scouts have their Canadian equivalent. An increasing number of voluntary health organizations, many of which also carry on programs similar to those of American organizations, include the Victorian Order of Nurses for Canada (which provides home nursing services), the Canadian Red Cross Society, the Canadian National Institute for the Blind, the St. John Ambulance Association (which teaches first aid and home nursing), the Canadian Mental Health Association, the Canadian Paraplegic Association, the Canadian Arthritis and Rheumatism Society, the Multiple Sclerosis Society of Canada, the Muscular Dystrophy Association of Canada, the Health League of Canada (an agency devoted to health education), the Canadian Tuberculosis Association, the Canadian Cancer Society, the National Cancer Institute of Canada, the Canadian Hearing Society, the Canadian Association for Retarded Children, the Canadian Council for Crippled Children and Adults, and the National Heart Foundation of Canada.

Special mention should be made of the Canadian Welfare Council, established in 1920, which has come to be regarded as a clearinghouse on welfare matters and as a

medium for cooperative planning and action in this field. The Council, through its various divisions such as those relating to child and family welfare, chests and councils, public welfare, and corrections, serves also as the headquarters of local agencies in these fields, reducing to this extent the number of existing national organizations. The fact that it includes in its membership both national and local agencies, and in addition public welfare departments from all three levels of government, makes it an important unifying force, with considerable influence on the development of public policy. A provincial welfare council with full-time staff has also been established in Ontario.

A national forum for social workers and laymen interested in welfare questions is provided by the Canadian Conference on Social Work, which holds biennial sessions. In 1960, Canada's first National Conference on Children is being convened by national health, welfare, and educational agencies.

INCOME SECURITY

The social security system in Canada, which combines a series of income security measures and a variety of health and welfare services, employs three basic techniques for the provision of income maintenance payments. These might be broadly classified as social insurance, social assistance, and general social welfare payments. Programs of the social insurance type include provincially administered workmen's compensation programs and a federal system of unemployment insurance.

The second group of income maintenance programs employs social assistance techniques in testing need and includes old age assistance, allowances for the blind, disability allowances, unemployment assistance, mothers' allowances, and war veterans' allowances. While mothers' allowances are provincially operated and the war veterans' allowances are federally administered, the remaining programs are federal-provincial measures assisted financially by the federal government through grants-in-aid, but provincially administered.

The third category of income maintenance

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schemes is what might be described as general social welfare payments. It includes the universal old age pension and family allowances. The only conditions for benefit relate to residence and age qualifications.

Workmen's Compensation

One of the earliest steps in the development of a Canadian system of social security occurred in the field of workmen's compensation. A collective liability program of state insurance adopted in the province of Ontario in 1914 was soon followed by similar developments in Nova Scotia, British Columbia, and Manitoba, and before many years became the general legislative pattern throughout Canada.

Each of the ten Canadian provinces has a Workmen's Compensation Act which provides protection for workers who receive work-connected disabilities arising from accidents or industrial disease in industries covered by the legislation. Employers contribute collectively into the Accident Fund from which the Workmen's Compensation Board makes disbursements for compensation payments and rehabilitation services for injured workmen. The contribution rate of an employer, which is a percentage of payroll, is influenced by cost experience of accidents and illness within each class of industries. The right to compensation is not affected by factors such as employer's neglect or insolvency, but at the same time the injured workman has no right of legal action against the employer for damages. All claims for compensation are received and adjudicated by the Workmen's Compensation Board whose decision is final.

Benefits under the legislation include: medical aid and rehabilitation; periodic payments for time-loss compensation and permanent disability, which in all but one province are based on 75 per cent of earnings subject to maximum annual earnings of from \$3,000 to \$5,000; and fixed monthly payments to dependents in case of death of the workman as well as a lump sum payment and an allowance for funeral expenses.

Unemployment Insurance and Employment Service

The widespread unemployment of the 1930's focused attention upon various social measures for meeting such a contingency and upon the need for federal participation in a field which up to that time had remained almost entirely a matter of provincial and local concern. It was in this setting that the Federal Parliament passed unemployment insurance legislation in 1935. The Act was declared *ultra vires* in 1937 and it was not until 1940, after a constitutional amendment had been obtained bringing such legislation within the jurisdiction of the Federal Parliament, that the existing Unemployment Insurance Act was passed.

This legislation established an orthodox insurance scheme patterned in many respects after the scheme in Great Britain at that time. The program is designed to cover workers employed under a contract of service, with certain excepted categories. In March 1959 an estimated 4,198,000 persons were covered by unemployment insurance out of an estimated labor force of 6,077,000 persons.

A tripartite contributory system is utilized whereby employers and employees contribute equal amounts and the federal government adds 20 per cent of the combined total. Contributions and benefits are based on a graded scale rather than on a flat rate system or a percentage of income. There are twelve earnings classes for purpose of contributions. They range from a contribution of ten cents per week each for the employer and employee where the employee is in the lowest earning group of less than \$9 a week, to 94 cents per week for those in the highest weekly earnings category of \$69 and over.

The rates of weekly benefit are set out in eleven classes of benefit with these rates being related to eleven levels of average weekly contribution. The average weekly benefit is computed on the basis of the most recent 30 contribution weeks during the two years immediately preceding the commencement of the benefit period. For each of these eleven classes of benefit there is a single rate of

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benefit, or a higher rate if the beneficiary has a dependent. In the lowest class the weekly benefit is \$6 for a single person and \$8 for a person with a dependent; in the highest class it is \$27 and \$38, respectively.

Since the inception of the scheme it has been amended periodically, with the result that coverage has been gradually extended and contributions and benefits have been adjusted upwards. The extension of coverage to a number of groups has been hampered because of the administrative difficulties involved. In spite of this, occupations such as lumbering and logging, stevedoring, and fishing have been brought within the scope of the scheme. The benefit formula which has been amended on a number of occasions now requires 24 weeks in insurable employment as a minimum qualification and permits qualification for benefits up to a maximum of 52 weeks.

As a means of providing more adequate income maintenance protection for workers affected by seasonal unemployment, a sizable problem because of the nature of the Canadian economy and climate, a special type of seasonal benefit has been devised. The seasonal benefit is payable between December 1 and May 15 to assist those who either have not fully acquired or have exhausted claims to benefits at this time of the year. Another feature which has extended the scope of the program is the one permitting the continuance of benefits to unemployed workers, otherwise qualified for benefit, who become ill during their period of entitlement.

In the fiscal year 1958-1959, total revenue reached \$234.2 million. In the same period payments amounted to \$362.2 million for ordinary and \$116.5 million for seasonal benefits.

A national employment service was set up in 1941 by the federal government along with the establishment of the unemployment insurance program. The employment service, in addition to providing the means of applying a test of availability for work for recipients of and applicants for unemployment insurance, provided a more comprehensive system of employment offices than had hith-

erto been available under the federal-provincial system of employment exchanges which had been in operation for more than two decades under the Employment Offices Co-ordination Act of 1918.

In addition to the task of facilitating labor mobility through its clearinghouse arrangements and of assisting employers and workers through its general placement activities, the National Employment Service has been extended to cover certain special services. These include placement services for applicants who experience difficulty in obtaining or retaining employment because of physical or mental handicap, young men and women entering the employment market for the first time, and others who need special guidance or assistance before being successfully placed.

The Unemployment Insurance Commission with headquarters in Ottawa is the governmental agency responsible for the administration of the program. The administration of the employment service is coordinated with that of unemployment insurance and is decentralized through five regional offices in the Pacific, Prairie, Ontario, Quebec, and Atlantic regions, 199 local offices, 35 branch offices, and ten itinerant offices. A number of advisory bodies such as the Unemployment Insurance Advisory Committee and national, regional, and local employment advisory committees, as well as courts of referees to adjudicate disputed claims for insurance benefit, carry out important functions in the program.

Unemployment and General Assistance

One of the most important developments in the welfare field in recent years was the implementation of the federal Unemployment Assistance Act of 1956 providing for federal sharing of 50 per cent of the cost of assistance payments under provincial programs. With the participation of Quebec in the program in 1959, federal aid was extended to all provinces.

The program has been designed in such a manner that it goes beyond the narrower field of unemployment assistance into the area of general assistance. No distinction is made between employable and unemployable

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persons in determining eligibility for assistance. A limitation on sharing arrangements, whereby federal reimbursement to a province was made only in respect to recipients in excess of 0.45 per cent of the provincial population, was removed by an amendment to the federal legislation in 1957.

The new measure involved several marked departures from the past in so far as federal aid for social assistance payments is concerned. No maximum ceiling was specified either with regard to the amount of assistance or to other allowable income, and no conditions with respect to a test of means were set down as a requirement of the federal authority as had been done in the case of social assistance measures such as old age assistance, disability allowances, and allowances for the blind.

Federal reimbursement does not extend to provincial payments to recipients of mothers' allowances or to persons who would normally qualify for those allowances. Though, generally, inmates of public and charitable institutions are excluded for purposes of federal aid, provincial and municipal payments to those in certain types of homes for special care are shareable. Also, while those receiving various types of social security payments, such as unemployment insurance, old age security, and old age assistance, are excluded, the federal government will share in any additional relief payments, other than cost-of-living bonus or across-the-board pension supplements made to such persons who are unemployed and in need. As in the other grant-in-aid programs, federal reimbursement does not extend to provincial administrative expenses. Nor are health care costs of these recipients a shareable expenditure with the federal government.

In December 1958 an estimated 220,000 persons were assisted. The federal share of unemployment assistance payments was \$24 million in the fiscal year 1958-1959.

There has been wide variation in the patterns of provincial and local provision and administrative practice in the field of general assistance across Canada. In New Brunswick the granting of assistance has remained the

responsibility of the municipalities, while in Newfoundland the provincial government assumed the full responsibility. In Prince Edward Island the province has reimbursed the city of Charlottetown and the seven incorporated towns to the extent of 75 per cent of the cost of local assistance and has itself provided for all such payments outside these centers. In Quebec, provincial assistance has been given to indigents through municipalities or voluntary institutions and agencies operating under religious or secular auspices, with the cost being shared by the provincial government, the municipality, and where applicable by the institution. In the remaining provinces the provincial governments have shared the cost of assistance payments with the local authorities under a number of different financial arrangements, varying from a provincial contribution of 50 per cent to as high as 90 per cent. In most of the areas across Canada, rates and conditions of assistance have been determined at the local level. However, with the assumption by provincial governments of greater financial and administrative responsibility *vis-à-vis* municipal welfare, the wide variations in standards of assistance which have generally prevailed among municipalities are now in many instances being modified.

Mothers' Allowances

During the First World War and the immediate postwar period there was a considerable extension of provincial activity into new fields of social welfare legislation. It was during this period that the mothers' allowances programs were established in a number of provinces. Manitoba enacted the first legislation in 1916, and this action was followed soon after by Saskatchewan, Alberta, British Columbia, and Ontario. Legislation was passed in three more provinces during the 1930's and in the remaining provinces in 1949.

Paradoxically, the trend which early in this century led to the development of categorical programs because of the inadequacy of general assistance is now showing some indication of reversal. Because of the greater

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flexibility of the social assistance program in British Columbia, aid to needy mothers has been merged with the social assistance program and has completely lost its separate identity. In Newfoundland the mothers' allowances provisions were incorporated in the Social Assistance Act, 1954, and the caseload gradually transferred to that program, but the program still retains a measure of separateness in that specific conditions of eligibility are set out for mothers with dependent children.

These allowances, which are designed to assist needy mothers and their dependent children, are granted to widows and mothers with husbands in mental hospitals, to mothers who are deserted, and in eight provinces to mothers whose husbands are disabled. Some provinces provide also for mothers with husbands in penal institutions and to divorced, separated, and unmarried mothers. In order to qualify, an applicant must be caring for one or more children of eligible age and must meet specified conditions of character or competence, need, residence, and, in three provinces, of citizenship.

The maximum monthly allowance payable to a mother with one child varies by province from \$35 to \$120. An additional amount is paid for each subsequent child and in some provinces for a disabled father in the home. Certain provinces have established a maximum amount payable to a family, and the majority grant supplementary aid where special need is apparent.

About 40,500 families with some 109,700 children were receiving mothers' allowances in March 1958. The total cost of the allowances for the fiscal year 1957-1958 was approximately \$30.8 million.

Disability Allowances and Allowances for the Blind

A nationwide program of allowances for the permanently and totally disabled came into effect in January 1955. A similar program for blind persons has been in operation since 1937. In addition, disability payments have over the years materially assisted certain groups such as disabled workmen cov-

ered under workmen's compensation schemes and disabled veterans. Further, many of the cash benefit programs designed for other contingencies assist disabled persons directly; these include old age security, old age assistance, and mothers' allowances where physical or mental disability prevents the husband from working.

Allowances are provided for blind persons and for the permanently and totally disabled who are in need and are 18 years of age or over and have been resident in Canada for at least ten years. The maximum allowance payable was raised in 1957 from \$40 to \$46 and then to \$55 a month; the average amount of monthly allowance in March 1959 was \$53.15 for the blind and \$53.84 for those receiving disability payments. The payments are shared by the federal and provincial governments; in the case of allowances for the blind, the federal government assumes 75 per cent of the cost, while in the case of disability allowances its share is 50 per cent. The provinces administer the payments, and in a number of provinces a supplement to the allowance is paid.

Under the blindness allowance program, the amount of the allowance is reduced to the extent that total annual income, including the allowance, exceeds \$1,200 for a single person, \$1,680 for a single person with one or more dependent children, \$1,980 for a married couple one of whom is blind, and \$2,100 for a married couple when both are blind. Under the disability allowance scheme, the corresponding levels of allowable income are \$960 a year for a single person, \$1,620 for a married couple or \$1,980 where the spouse is blind.

In May 1959 there were 8,725 recipients of blindness allowances and 48,330 recipients of disability allowances. It is estimated that in the fiscal year 1959-1960, federal-provincial payments under the former program will amount to \$4.5 million while those under the latter will reach \$18 million.

Old Age Income Maintenance Programs

Canada's old age security program, which came into operation on January 1, 1952, re-

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mains the most ambitious of Canada's ventures in the social security field. It includes a system of universal old age pensions for persons 70 years of age and over, and an old age assistance program for those in need in the 65 to 69-year age group. More than 960,000 persons were receiving benefits under this program in May 1959, and public expenditures on benefit payments will reach \$643 million in the fiscal year 1959-1960. Public provision is also available under the government annuities program to encourage voluntary protection for old age.

The introduction of the government annuities program in 1908 represented the first attempt by the federal authority to cope with the income maintenance needs of the aged, and for almost twenty years it was the only measure available. However, in 1927 this voluntary approach to the income maintenance needs of the aged was complemented by a federal-provincial old age pension program for the needy aged 70 years of age and over. This program continued as the principal government provision for old age income security until January 1952 when it was supplanted by a federally operated universal pension program for this age group. During these twenty-five years more than \$1,087 million dollars were paid out in old age pensions.

A joint Parliamentary Committee of the House of Commons and Senate was established in 1950 to study the question of old age security, and following an exhaustive review of different types of programs unanimously recommended the establishment of the type of system now in operation. The Committee's recommendations were adopted by Parliament in 1951, but prior to this enactment a constitutional amendment was obtained which permitted the federal government to legislate in this field concurrently with provincial governments.

The legislation provided for federal pensions of \$40 a month for all persons 70 years of age and over who had been resident in Canada for at least twenty years. The monthly pension was increased on two occasions in 1957, first to \$46 and then to \$55. At the

time of the latter amendment the residence qualification was also reduced from twenty to ten years. In June 1959, these pensions were paid to 862,641 persons; estimated federal expenditures on these payments will reach \$577.6 million in the fiscal year 1959-1960.

The scheme is operated on a pay-as-you-go basis through an Old Age Security Fund. Income for the Fund is obtained from a 3 per cent sales tax, a 3 per cent tax on net corporation income, and a 3 per cent tax on individual net taxable income subject to a maximum limit of \$90 a year. If these taxes prove to be insufficient to meet the cost, the deficit is met by temporary loans; it has been the practice to pay these loans off by outright grants to the Fund from general revenues.

The two federal programs, family allowances and old age security, involving universal payments to all persons within a specified age group subject only to residence requirements, are administered by the Family Allowances and Old Age Security Division of the Department of National Health and Welfare. The type of programs and the combined administration make for economy in operation.

The Old Age Assistance Act, which is designed for needy persons in the 65 to 69-year age group, provides payments of up to \$55 per month to those who have been resident in Canada for at least ten years. As in the case of the allowances for the blind and disabled, in 1957 the maximum for assistance was raised to \$55 a month. The amount of assistance received in each individual case depends upon the amount of outside income and resources of the applicant and his spouse. Under this test of income the amount of the allowance is reduced to the extent that total annual income, including assistance, exceeds \$960 for a single person, \$1,620 for a married person, and \$1,980 if a spouse is blind. The federal government reimburses the province for 50 per cent of the cost of the assistance payments. The administration of eligibility requirements and payments to recipients rests with the provincial governments. Administrative responsibilities related to the federal grant-in-aid are

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carried out by the Old Age Assistance Division of the Department of National Health and Welfare.

In May 1959, 98,197 persons, or 21.2 per cent of the population aged 65 to 69 years, were receiving old age assistance; the average monthly payment at that time was \$50.97. It is estimated that federal and provincial expenditures on assistance payments will amount to \$65 million in the fiscal year 1959-1960.

One of the most recent and significant developments in the field of old age income security was the study of Economic Security for the Aged in the United States and Canada undertaken by Professor Robert M. Clark of the University of British Columbia at the request of the Dominion Government. Professor Clark's report, submitted to the government in February 1959, is the most comprehensive Canadian document in this field since the report of the Joint Parliamentary Committee in 1950 and is the most detailed comparative analysis that has been made of the Canadian and American old age security systems. The report is serving as a focal point for current public discussions of this topic and it should prove a valuable document for government consideration.

Family Allowances

More than \$4.7 billion was paid out in family allowances during the first fourteen years of the program following its inauguration in July 1945. The legislation passed during World War II was sponsored because of its immediate and long-range benefits for child welfare and its role in the sphere of economic policy. The program also acts as a companion measure to other income maintenance schemes in which little or no provision is made in their benefit structure for the needs of dependent children of the recipients.

The universality of benefits is a feature of special note. Allowances are payable in respect of every child under the age of 16 years who was born in Canada or who has been a resident of the country for one year or whose father or mother was domiciled in Canada

for three years immediately prior to the birth of the child.

Family allowances are paid at the monthly rate of \$6.00 for each child under 10 years of age and \$8.00 for each child aged 10 to 15 years. In June 1959, 2,508,569 families were receiving allowances covering 6,082,718 children; the average allowance per family was \$16.17 while the average allowance per child was \$6.67. Family allowances payments will reach \$495 million in the fiscal year 1959-1960.

No means test is involved under family allowances and the program is financed from general revenues out of the Consolidated Revenue Fund. Allowances are not part of taxable income although persons with children eligible for family allowances obtain a smaller income tax exemption for such children than for children not so eligible.

Allowance payments are made by check except for some Eskimo and Indian children where it has been necessary to make payment in kind. Normally, allowance payments are made to mothers. Allowances must be spent for the care and education of the child, and if they are not being used for the purpose provided under the legislation, payment may be discontinued or made to some other person or agency on behalf of the child. Allowances are not payable for any child who fails to comply with provincial school regulations.

Family allowances are administered by the Family Allowances and Old Age Security Division of the Department of National Health and Welfare with headquarters in Ottawa and a regional office in each provincial capital.

While the family allowances program has a one-year residence requirement, provision is made through the Department of Citizenship and Immigration during this period for a comparable type of payment for the children of immigrants landed for permanent residence in Canada and of Canadian citizens returning to settle permanently in Canada. This family benefit is at the rate of \$60 a year for each child under 16 years of age residing in Canada.

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VETERANS PROGRAMS

Under the Veterans Charter the Department of Veterans Affairs administers a variety of income maintenance programs and health and welfare services for veterans and their dependents. Estimated expenditures on income maintenance programs amounted to \$216.7 million in the fiscal year 1959-1960. One of the most important of these is the provision of pensions for war-connected disability or death; in March 1959 this program covered 156,893 disabled veterans and 33,419 survivors, and the cost of pension payments amounted to \$145.6 million in the fiscal year 1957-1958.

Another measure of significance is the war veterans' allowances program which provides assistance on a means test basis to veterans who meet certain conditions involving war service or war-connected disability and who have either reached 60 years of age or are unable to maintain themselves because of physical or mental disability. Payments are also made to widows of those veterans who themselves would have qualified. The basic rate of war veterans' allowance as of April 1, 1959, was \$70 per month for a single or separated veteran, widowers and widows without dependent children; \$120 per month for married veterans and for widowers, divorced veterans, or widows with dependents; \$40 per month in the case of one orphan; \$70 in the case of two orphans; and \$85 per month in the case of three or more orphans. There were 64,904 recipients in March 1959, and in the fiscal year 1957-1958 a total of \$48 million was paid out in these allowances.

Treatment, welfare, and vocational services for veterans were greatly strengthened during and following World War II. The services for the rehabilitation of disabled veterans became one of the outstanding programs of this type in the country. In addition, the Department administers other programs such as the Veterans Land Act, educational assistance, and provisions such as veterans insurance. The cost of treatment and welfare services, together with administrative activities and these other ancillary services, will reach an

estimated \$74.9 million in the fiscal year 1959-1960.

HEALTH AND WELFARE SERVICES

Health Care

With the introduction of the hospital services plan in the province of Prince Edward Island in October 1959, nine of the ten provinces had entered the nationwide federal-provincial hospital insurance program and over 12 million persons were covered. This program came into operation in July 1958 with the participation of the provinces of British Columbia, Alberta, Saskatchewan, Manitoba, and Newfoundland. They were followed in January 1959 by Ontario and Nova Scotia and in July of the same year by New Brunswick.

Long before the provision of a federal grant-in-aid in this field a number of the provinces had implemented provincial programs. In 1947 Saskatchewan introduced the first province-wide plan, and this was followed in a few years by British Columbia and Alberta; when Newfoundland entered Confederation in 1949 it already had a Cottage Hospital Plan in operation for about a decade and a half, which provided public medical and hospital care for a large sector of the population.

Under the federal legislation, Canada shares the operating costs of hospital care including laboratory and radiological services provided by hospitals under provincially administered hospital insurance plans. Active treatment, chronic and convalescent hospitals are included. On the other hand mental and tuberculosis hospitals are not covered; care in these institutions is now financed mainly by provincial governments. In addition to financial aid, the Department of National Health and Welfare through a variety of consultant services provides technical assistance to the province.

The formula for sharing the costs excludes capital costs and provides that a province will receive 25 per cent of the per capita costs of inpatient hospital services in Canada as a whole, plus 25 per cent of the per capita

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costs of these services in the province multiplied by the province's covered population. While the federal share for all provinces collectively is 50 per cent, the percentage varies from province to province.

Each province participating in the program must make insured services universally available within the province and must provide a comprehensive range of inpatient services including: room and meals at the public ward level, necessary nursing services, laboratory and radiological diagnostic procedures including interpretations, routine surgical supplies, the use of operating room, case room, and anaesthetic facilities, drugs, and the use of radiotherapy and physiotherapy facilities where available. The inclusion of outpatient services in a provincial plan is optional, and such services may cover all or part of those services listed for inpatients so long as each service covered is universally available to insured persons in the province; however, in the case of drugs they may be included only when administered in hospital.

Federal payments to provincial plans under the hospital insurance and diagnostic services program reached an estimated \$160 million in the fiscal year 1959-1960. In addition to matching federal payments the provincial plans have their administrative costs, and in some instances they are assisting hospitals in financing capital costs.

There has been some development of public medical care plans although on a much more limited scale than in the hospital field. Compulsory schemes are now in operation in three provinces but are restricted to certain areas or certain groups and cover about 600,000 persons. Comprehensive medical services are available at home and in hospital in the outports of Newfoundland under the Cottage Hospital scheme. In addition, Newfoundland has a children's health service, available to all children under 16 years of age, which provides medical and surgical care for hospital inpatients. A medical-dental care plan is available to about 50,000 residents of Health Region No. 1, in the Swift Current area in Saskatchewan. In Saskatchewan and to a lesser extent in Manitoba, under what is

known as "municipal doctor plans," certain rural municipalities have contracted with physicians to provide their residents with medical care.

A variety of provisions for medical care for social assistance recipients has developed across Canada. Six of the ten provinces—British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, and Nova Scotia—have set up formal programs for certain of their public assistance categories. All schemes provide medical care in the patient's home or doctor's office, prenatal care and confinement in the home. Some schemes also cover surgical, medical, and obstetrical services in hospital, prescribed drugs, certain diagnostic services, and limited dental benefits. Public assistance recipients not covered by such plans in these six provinces as well as those in the other provinces usually obtain some aid to meet such contingencies through the municipalities, charitable agencies, clinics, dispensaries, or hospitals.

In addition to these health care programs, mention should be made of the strengthening of the long-established hospital and medical care provisions for special groups such as sick mariners, veterans, disabled workmen covered by workmen's compensation, members of the armed forces, and Indians and Eskimos, which has taken place over the past two decades.

Another significant feature in the development of personal health care programs in Canada has been the growth of voluntary medical care insurance plans which has been particularly rapid in recent years. By the end of 1957, persons with physicians' service contracts from nonprofit agencies had reached a total of 4.1 million while policy holders of private insurance companies numbered 3.7 million. These 7.8 million contracts include some duplication so that the population covered at that time would represent something less than 47 per cent of the total Canadian population.

Public Health Services

The provision of public health services in Canada has constitutionally and by tradition

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rested mainly with the provinces, and the actual administration of a wide variety of these services has been the responsibility of municipal and other local authorities. The federal government through the Department of National Health and Welfare provides consultative services and assistance in the financing of provincial health activities in a wide variety of fields. It also maintains services for special groups such as Indians and Eskimos and carries out certain statutory functions such as those relating to quarantine and immigration, health services, control of the safety and purity of food and drugs, and the control of the import-export distribution of narcotic drugs.

One of the most important postwar developments in recent years was the inauguration in 1948 of the National Health Grant program which was extended in 1953 by the addition of three new grants. These annual grants, which amounted to \$44 million in 1959-1960, are designed to assist and encourage the provinces in the development and extension of public health programs and to aid hospital construction. Specifically, they are directed toward provincial surveys of health programs and future needs; to increase the supply of hospital accommodation and other health facilities; to assist in the training of health workers; to encourage research activities; to provide financial aid for the provision of services for general public health; tuberculosis control; mental health; venereal disease control; cancer control; services for crippled children; laboratory and radiological diagnostic services; medical rehabilitation; and child and maternal health. During the first eleven years of the program \$421.6 million was made available to the provinces, and of this amount about \$304.8 million, or 72 per cent of the total funds available, was expended.

Public health programs in the provinces are administered through provincial and local health departments and by health units serving counties or groups of municipalities. The larger municipalities provide a range of basic public health services including environmental sanitation, communicable disease control,

child, maternal, and school health services, public health nursing, health education, and vital statistics. Most provinces operate laboratories and provide preventive and treatment programs for venereal disease, tuberculosis, mental illness, cancer, and other conditions.

The most successful efforts to control specific diseases have resulted from the development of preventive immunization techniques. In the case of poliomyelitis the federal, provincial, and local health authorities have been cooperating in an immunization program. Several provinces provide free treatment and rehabilitation services for poliomyelitis.

Until recently, public mental health programs involved chiefly the treatment and custodial care of persons committed to mental institutions. Treatment has been hampered by lack of staff and facilities and shortages of qualified personnel. Although some progress has been made in increasing the number of mental hospital beds and in the development of community clinics and psychiatric units in general hospitals, the provision of adequate mental health services remains a stubborn problem.

Voluntary agencies have taken a prominent part in the provision of services for, and the carrying on of research and educational programs concerned with, public health and certain disease problems.

Rehabilitation Services for Disabled Persons

There has been a considerable variation in the rate of growth of services for the rehabilitation of disabled persons in Canada. Some of the pioneer developments included the emergence of highly organized services on a nationwide basis for certain specific types of disability, such as those provided for the blind by the Canadian National Institute for the Blind. Others were designed to meet the rehabilitation needs of a particular group of disabled persons having a wide variety of disabling conditions; the Ontario Workmen's Compensation Board and some of the other provincial boards and the federal Department of Veterans Affairs were among the first to embark upon a program of comprehensive rehabilitation services. While these early pro-

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grams did a great deal for certain types of disability and for certain groups of disabled persons, the services available to other classes of disabled persons varied widely between different provinces and in many instances were fragmentary or nonexistent. In recent years there has been steady progress in filling these gaps and in coordinating existing services.

The National Conference on the Rehabilitation of Disabled Persons, held under the auspices of the federal government in 1951, marked the commencement of nationwide cooperative planning for the development of a civilian rehabilitation program. It was followed by the formation of a National Advisory Committee, the appointment of a National Co-ordinator of Civilian Rehabilitation, and the establishment of a Civilian Rehabilitation Branch in the Department of Labour.

The National Co-ordinator administers the federal grant-in-aid program, introduced in 1953, to encourage coordination of rehabilitation services within each province. Federal aid is available on a matching basis for the employment of the provincial coordinator and rehabilitation counselors and the administrative activities related to provincial coordination services. Nine provinces have appointed provincial coordinators, and in most provinces, interdepartmental committees and advisory committees have been established. This program has added impetus to a variety of activities including the surveying of resources and needs, the coordination and development of rehabilitation services, and the establishment of administrative machinery to deal with individual cases.

For several decades the Department of Labour has operated a grant-in-aid program for vocational training, but in 1953 a new Schedule "R" was introduced to cover vocational training for disabled persons. By 1955, nine of the ten provinces had signed agreements under this scheme, and in 1956 the remaining province instituted training under its own rehabilitation service for the physically handicapped.

One of the most important postwar developments has been the considerable financial

support afforded to rehabilitation through a series of federal grants to the provinces under the National Health Program introduced in 1948. The program includes a Crippled Children's Grant, of \$500,000 annually, directly concerned with this field of activity, as well as a number of other health grants which also provided some financial aid for rehabilitation activities. The Medical Rehabilitation Grant introduced in 1953 to complement the grant already available for disabled children now provides \$1 million annually. These funds are used to purchase equipment, train personnel, and provide rehabilitation health services. In the fiscal year 1958-1959, about \$1,100,000 was expended under these two grants.

Much of the initiative in the growth of rehabilitation services has come from voluntary groups and agencies, including community welfare councils, and considerable financial support has been received from service clubs. Some of the most important contributions have been made by national societies and associations assisted in many instances by their provincial and local branches including such organizations as the Canadian National Institute for the Blind, the Canadian Arthritis and Rheumatism Society, the Canadian Paraplegic Association, the Canadian Mental Health Association, the Canadian Association for the Mentally Retarded, the Canadian Hearing Society, and the Canadian Council for Crippled Children and Adults.

Physical medicine departments have been established in a number of teaching hospitals. Also a number of hospitals specializing in children's diseases have greatly assisted the treatment and rehabilitation of disabled children. These include, for example, the Health Centre for Children in Vancouver, the Queen Alexander Solarium in Victoria, the Crippled Children's Hospital in Calgary, the Children's Hospital in Winnipeg, the Hospital for Sick Children in Toronto, and the Montreal Children's Hospital.

Rehabilitation centers have been set up in several communities; some examples are the G. F. Strong Rehabilitation Centre in Vancouver, two physical restoration centers for

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outpatients in Saskatchewan, several community rehabilitation centers in Ontario cities, the Occupational Therapy and Rehabilitation Centre and the Rehabilitation Institute of Montreal, the Rehabilitation Clinic in Quebec City, the Forest Hills Rehabilitation Centre in New Brunswick, the Nova Scotia Rehabilitation Centre, the Rehabilitation Centre of Prince Edward Island, and the Children's Rehabilitation Centre in Newfoundland. The construction of two large centers in Toronto as well as one in Winnipeg is planned.

In addition, several vocational rehabilitation centers and sheltered workshops have been established. These include organizations such as Goodwill Industries, Ottawa Neighbourhood Services, the Society for Crippled Civilians in Toronto, the Saskatoon Vocational Rehabilitation Centre, vocational centers of the Alberta Rehabilitation Council for the Handicapped, vocational centers for special groups such as the blind and the deaf in the provinces of Quebec and Ontario, the Industrial Rehabilitation Workshop of the Manitoba Society for Crippled Children and Adults, and the centers of the Jewish Vocational Service in Toronto and Montreal.

Five schools for the blind and seven for the deaf are operated by the provinces and by a few private institutions in Quebec. Variety Village, a vocational training center in Toronto for handicapped youth, is supported by the Ontario Society for Crippled Children, the provincial education department, and a service club. Cerebral palsy societies have been active in many provinces in the provision of treatment and educational services.

In 1959, the Canadian Parliament established the Queen Elizabeth II Fund to aid research on the diseases of children and contributed \$1 million to this fund on behalf of the Government of Canada as a gift to Her Majesty Queen Elizabeth II during her visit to Canada. The fund has been augmented by other public and private donations.

Child Care and Protection

While the pattern of child welfare services in Canada has not undergone any great

change in recent years, there have been continuous efforts to improve both the services and the legislative provisions for the care of neglected and dependent children. If any special trends are discernible they are the increasing provincial support for voluntary child welfare societies, a changing outlook in institutions, and a critical self-examination by the voluntary agencies of the quality and effectiveness of their services.

All provinces have some central authority, usually a division of child welfare within the department of welfare, responsible for direction of the child protection program. Except in Quebec, the program may be administered by the provincial authority itself or the administration may be delegated under the law to local children's aid societies which are voluntary agencies with local boards of directors, chartered, supervised, and generally assisted financially by provincial departments. The child welfare agencies, whether provincial offices or children's aid societies, have authority to investigate cases of alleged neglect, to apprehend a child, and to bring the case before a judge upon whom rests the responsibility of deciding whether in fact the child is neglected. Thus the ultimate power to remove a child from the guardianship of the parents and commit him to the guardianship of the state or of a society, depending on provincial law, rests with the courts. The child welfare agencies normally also engage in preventive work and provide foster and adoption placements and other child care services. Services are operated provincially in Saskatchewan, Prince Edward Island, Newfoundland, and to a large extent in Alberta, where there is also some delegation of authority to public welfare departments in the two major cities. In Ontario and New Brunswick, services are administered by a network of children's aid societies throughout the province; and in British Columbia, Manitoba, and Nova Scotia, by children's aid societies in the more populated areas and by the province elsewhere. In Quebec, needy and abandoned children are generally cared for in institutions such as orphanages, nurseries, and other homes, although there is an increas-

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ing use of foster family homes. Substantial financial aid is given by the province, through the Department of Social Welfare, to recognized agencies and institutions caring for children, preventive and rehabilitative work among neglected and dependent children, and for youth protection schools. In all but two provinces the municipality of residence bears some or all of the costs of maintenance of children committed to an agency or to the provincial authority.

Child welfare legislation in all provinces is undergoing continuing revision with regard to matters such as definitions of neglect, the simplification or broadening of residence requirements, increasing provincial aid to municipalities or children's aid societies, greater protection of the child and the adopting parent, inheritance rights of adopted children, and licensing regulations for infants' homes.

In recent years child welfare agencies have been making greater use than formerly of various types of placement resources to meet the needs of individual children. Greater use of group care facilities has been made possible by changes in the programs and policies of a number of institutions, including a more selective intake procedure, the increasing employment of qualified staff, and the participation of the children in community activities. Small, specialized institutions are developing, notably for emotionally disturbed children who cannot benefit from foster family homes. Also, institutional facilities for defective children are being expanded. Continued emphasis is being placed upon the early adoption placement of children, and one or two provinces are making special efforts to develop a province-wide clearance service, particularly for children difficult to place.

Corrections

In Canada, exclusive legislative authority for criminal law, with the exception of the constitution of courts of criminal jurisdiction, rests with the federal Parliament. Provincial legislatures have jurisdiction in relation to the administration of justice in the provinces,

including the constitution, maintenance, and organization of provincial courts of both civil and criminal jurisdiction.

The federal Penitentiaries Branch of the Department of Justice operates the eight federal penitentiaries which accommodate offenders sentenced to two years or more. Provincial institutions and local jails handle all offenders receiving sentences of less than two years. A number of changes, however, are in process as a result of the federal government's plan to implement some of the recommendations contained in the Report of the Fauteux Committee presented to the government in 1956. As a first step, a Dominion-Provincial Conference was held in October 1958 to consider those recommendations of mutual concern. Several of the provinces have agreed to the transfer to the federal authority of all offenders sentenced to serve a term of more than six months. A Correctional Planning Committee within the Department of Justice has been set up to study methods of implementing this and other changes resulting from the proposed enlargement of federal responsibility. The Committee will also study and make recommendations on other aspects of the federal correctional system with particular emphasis upon improving, implementing, or extending rehabilitative facilities.

Overcrowding in present penitentiaries is being dealt with by the addition of new institutions in process or in the planning stage. A medium security institution at Joyceville, Ontario, which was opened to accommodate a few inmates in 1957, is to be completed in 1959; construction of a new institution near St. Vincent de Paul Penitentiary in Montreal has already begun; and new buildings are planned for Springfield, Nova Scotia, and for Western Canada at a site to be chosen. A work camp for minimum security risks has been opened at William Head on Vancouver Island and a similar camp is planned for Valleyfield, Quebec.

Also, the federal Parole Act, which came into force February 1959, repealed the Ticket-of-Leave Act and replaced the Remission Service with a National Parole Board. The Board will automatically review all sentences

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of two years or more whether or not an application has been made for parole, and will have power to grant, refuse, revoke or suspend parole, and to revoke or suspend any sentence of whipping.

An encouraging development provincially has been the growth in the past two years in services for probation and parole for adult offenders. Six provinces have now established such services and others have shown interest. The problem of obtaining staff is, unfortunately, a deterrent to a full and adequate program. A beginning has been made in the expansion of university facilities to include opportunities for training in the field of corrections.

Institutions for juvenile delinquents are operated by the province or with provincial supervision in all provinces except Prince Edward Island. The federal Juvenile Delinquents Act, 1929, except for certain parts, comes into effect only in those provinces or parts of provinces for which it is expressly proclaimed by the provincial legislature, and it has not been proclaimed throughout all provinces. Under this Act the provincial legislatures have set up juvenile courts, and during the past few years have been gradually extending the areas within the province which are served by such courts. Probation and parole services for juveniles, however, have not developed to any extent in recent years.

Services for Older People

In addition to the income maintenance measures and the health care services discussed above, mention should be made of welfare and other services available to older persons.

With the development of social security programs, greater numbers of older people are able to live in their own homes than would otherwise have been possible. Also, homes for the aged are becoming recognized as a means of caring for older people who, indigent or otherwise, are no longer able to live on their own.

With the exception of certain federal institutions for older handicapped veterans and

a few provincial infirmaries, institutions for the aged and infirm are administered by voluntary groups and local government authorities. The past few years have witnessed the growth of provincial assistance to homes for the aged in the form of capital or maintenance grants, or both, and the development of provincial standards and supervision.

Provincial legislation in several provinces provides for the supervised care of well old people in small proprietary boarding homes. In Newfoundland and British Columbia, older persons in receipt of public assistance may be placed in provincially licensed boarding homes which must meet established standards of care. Boarding homes for the elderly in Manitoba and New Brunswick are licensed under public health regulations. Under the Ontario Home for the Aged Act, elderly persons eligible for admission to a municipal home for the aged may, in lieu of institutional care, be placed in an approved private boarding home which is periodically inspected.

Special accommodation for senile older patients has been established in British Columbia, Alberta, and Ontario. In British Columbia they are cared for in three homes for the aged which are administered in conjunction with the Provincial Mental Hospital at Essondale, by the provincial mental health service. The Rosehaven Home for the Aged in Alberta and Greenacres in Ontario have been established specifically for this group.

A considerable number of housing projects have been undertaken in recent years under the auspices of a variety of organizations in a number of provinces, with progress being particularly marked in British Columbia and Saskatchewan. This building of self-contained housing accommodation specifically designed for older people has been characterized by voluntary or municipal sponsorship, with financial assistance being granted from the federal government in the form of long-term loans and from provincial governments in the form of capital grants.

In the development of local community services for the elderly, major emphasis has been placed on the provision of opportunities

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for recreational and social activities. Clubs or centers for senior citizens exist today in the majority of the larger cities and in many smaller ones as well, although the proportion of older persons reached is still modest. The greater majority of clubs in Canada are of the type that meet periodically—for example, once every week or two; in addition, there are several social centers which are open during the daytime for most days of the week. Certain recreational services are also provided outside the clubs or centers. Notable among these is Illahee Lodge, a summer holiday center for older people operated by the Neighbourhood Workers of Toronto.

Clubs and centers for older people have a varied sponsorship. A leading role in their development has been performed by two national organizations, the National Council of Jewish Women and the Soroptimist Clubs. In some places municipal recreation authorities, community associations, and local welfare councils have sponsored clubs or centers. Other sponsoring organizations include churches, trade unions, local women's clubs, and local branches of service clubs. A consultative and informational service to assist and encourage the development of recreational programs for senior citizens is provided by the Community Programs Branch of the Ontario Department of Education. Of interest also are the clubs for retired employees sponsored by some commercial firms. In the western provinces old age pensioners associations have been formed, and the programs of their local branches include recreational and social activities.

An important contribution is made by the Victorian Order of Nurses through its visiting nursing services; a very high proportion of the people served are the elderly. Further, the recent growth in the number of voluntary agencies providing homemakers' services is of particular importance to this age group.

Welfare councils and family agencies in a number of cities are active in the development of services for the aged. In Winnipeg an Age and Opportunity Bureau has been established and its services include information, referral, and counseling. In Victoria, the

Silver Threads Service has been organized and its services include housing registry, registry of part-time housekeepers and volunteer drivers, as well as information and referral services. In Ottawa an Information and Service Bureau has been set up within the city health department and its services include assistance in the use of health care facilities.

Professional Standards

The proportion of trained social workers in welfare positions in Canada is about the same as in the United States, and the trend toward higher personnel standards, which appeared first among the established voluntary organizations in the larger cities, continues to rise. In the public field the lead was taken by several of the provinces, notably British Columbia, Manitoba, and Ontario, during the depression. In the course of World War II the federal government for the first time began to recruit social workers, chiefly for welfare positions with the armed services; it now employs considerable numbers in the departments of National Health and Welfare and Veterans Affairs. At the same time provincial, and to some extent municipal, governments have been seeking to build up professional staffs for their programs, as have private agencies everywhere.

The result is a demand for trained social workers far beyond the capacity of the schools of social work to satisfy. Eight schools exist at present in Canada, all of them granting a master's degree for two or more years of graduate work; the school at the University of Toronto offers training at the doctorate level. All schools have made substantial progress in strengthening their basic courses.

The Canadian Association of Social Workers, with 2,200 members in 1959 and a small national secretariat, performs a valuable function in maintaining professional standards and giving voice to the views of social workers on welfare needs and services.

Serious concern over the shortage of qualified social work staff in public and voluntary agencies led to a survey of the demand for social workers in Canadian welfare programs conducted by the Department of National

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Health and Welfare. Findings of this study did much to assess trends in the field of welfare personnel and to sift out some of the basic issues in planning for future welfare staff requirements. Late in 1952 the National Committee of Canadian Schools of Social Work, the Canadian Welfare Council, and the Canadian Association of Social Workers set up a Joint Steering Committee to develop a method of examining the present status of social work education and its capacity to meet the needs of a developing social welfare structure in Canada. In order to obtain as wide participation as possible in this study the Committee sponsored during 1953-1954-1955 a series of local and regional workshops across Canada and in 1956 called a national meeting at Mont Gabriel. As a result of these discussions initial steps were taken to establish a Canadian Council on Education and Personnel. Difficulties in securing the necessary financial support for the new agency have been encountered and its future is not yet assured.

RECREATIONAL ACTIVITIES

Up until the depression of the 1930's the field of recreation was left very largely to the voluntary agencies and to commercial institutions; such public programs as existed were local and limited in scope and quality. The change began in the depression when a number of provinces started to develop recreation programs in cooperation usually with their municipalities. Local recreation programs across the country have been steadily developed and expanded, particularly in the postwar period. Interest in community centers, which arose during the war, has continued, and there is also a tendency for schools to be equipped and used for this purpose.

The federal Department of National Health and Welfare through its Physical Fitness Consultant provides professional, consultative, and informational services in the related fields of fitness and recreation. The Canadian Broadcasting Corporation, National Film Board, National Art Gallery, and National Parks and Historic Sites Service are among

other federal government bodies which have done much to enrich the recreational life of Canada.

PUBLIC HOUSING

All levels of government are concerned with efforts to raise the quality of housing through minimum standards as expressed in the National Building Code and the regulations under the National Housing Act.

Federal participation in assistance to housing, which began with the Dominion Housing Act of 1935, was accelerated by the National Housing Act of 1944 and the establishment of the Central Mortgage and Housing Corporation in 1946. The federal government, through this Corporation, underwrites mortgage investments; makes loans to home owners or owners of rental property and to limited dividend housing corporations and mining, logging, and fishing industries building housing accommodation; guarantees home improvement loans; enters into partnership with provincial governments, under which 75 per cent of the costs of acquiring and developing residential land and of building low-cost housing for rent are borne federally; provides assistance to municipalities for slum clearance; and makes grants for housing investigations and technical assistance.

Some progress has been made toward the development of slum clearance and low rental projects. The Regent Park development in Toronto¹ is well known; further operations on a similar scale have been undertaken in Toronto, Halifax, and Montreal and, to a lesser extent, in St. John's, Newfoundland.

Also, some progress has been made, under Section 16 of the National Housing Act, in the building of self-contained housing accommodation for older persons, or in the purchase and conversion of existing properties to provide this accommodation. This has been done by voluntary groups incorporated as limited dividend companies who are able to borrow up to 90 per cent of the lending value of the project at low interest rates through loans for which repayment can be extended for periods of up to fifty years. Accommo-

¹ See Rose, *infra*.

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dation for disabled persons or other special groups may be aided under the same conditions.

Activity under the National Housing Act reached a new high level in 1958, when the corporation made loan and insurance commitments for nearly 82,000 dwelling units. The aggregate amount of loans approved was \$882.9 million. At the end of 1958, agreements were in effect for rental housing projects totaling more than 8,000 dwelling units for low-income families. From 1935 to 1958, over 491,000 housing units have been completed with federal assistance; of this number about 5,500 were low-rental units constructed since aid for this type of housing construction became available from the federal government in 1950.

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† For addresses of periodicals listed see Appendix. All Canadian Government publications may be obtained from the Queen's Printer, Ottawa, Ontario.

Catholic Social Services

CATHOLIC SOCIAL SERVICES. The essential place of social service in the Catholic Church programs becomes clear as one delineates the basic relationship between the two. The public concept of charity has changed through the years so that it is important to establish at the outset a proper notion of this term. Charity in its official sense is a synonym for social service in the literature of the Catholic Church. The creed and practice of Catholicism and the exercise of charity are not merely compatible concepts. Religious practice is an externalizing of creed. Charity, or if one prefers, social service, is an implementation of creed. Religion is understood in its simplest definition as a love of God by the creature, embellished by an active love of neighbor. As the affluence of our neighbor is diminished, the obligation to love is increased. It follows that Catholic charity exemplified by social service is an essential part of a Catholic's religion.

Catholic social service is understood as an extension of a divine command. Founded on the teachings of Jesus Christ, Catholics are commanded to love their neighbors as themselves. This command is detailed for us by the corporal and spiritual works of mercy which set forth, for the Catholic, the repertoire of kindly services by which one person demonstrates his love for another. The genesis of the program of Catholic social service pre-dates the origin of professional social work by many centuries. The profession of social service is understood in terms of the formulation of techniques in service, in diagnosis and treatment of social ills. The formalizing of this profession follows, by many centuries, the Christian command incumbent upon each creature to lighten the burden of his fellow man. This is an absolute command based upon the words of Christ Who is accepted as the Son of God. Contrasted to this absolute is the concept of social service which is a relative science. Social work practice fitted into the total context of life has an appropriate and significant place and through it the pattern of Christian living gains stability, purpose, and higher motivation than it might otherwise possess. It is a fortunate

partnership which results from the union of Christian charity and scientific techniques of professional social service.

Catholic social work in its theory and practice is not unlike that under other auspices. In training its workers it utilizes the general research in the field and employs many common techniques with other professional approaches. In addition to the accepted inventory of knowledge and technique, the Catholic social worker believes that he experiences an advantage in having the stabilizing influence of religion as a tool in treatment. Properly interpreted, the dictates of conscience and the ordinances of Church law are understood as guide lines and directives rather than hampering obstacles. Incorporating the theology of the Church in the professional practice of social work has enabled the Catholic practitioner to provide his client with a vision of great possibility. Accepting the teaching of the Church regarding the soul has meant that professional social workers can direct their clients toward something more than an earth-bound conformation. Because of the intimacy of theology and social service practice under Catholic auspices, much of the practitioner's efforts are directed toward supplementing the ministry of the pastor. Catholic values, standards, and ideals are a treatment goal with Catholic practitioners.

Agency Structure

Historically, Catholic social service has been an integral part of the program of the Church since its founding. While it has been recorded under different headings, the interest of the clergy and laity in the welfare of their fellow man has been a continuous and satisfying element in the history of the Church. In modern times there has been a trend toward organized charity where previously it had been an individual or parochial effort. With the increase in population, the number of cases of need has increased to a point where larger organizations had to be established. Institutions have been founded under the auspices of the Church to meet specific needs too numerous or too demanding of individuals. It would seem that these programs grew

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without much pre-planning. In most cases they were born out of necessity to meet a particular and pressing need of the moment. In the early days of America, Catholic social service was performed by religious orders of women who established institutional programs to care for the orphaned children of the early settlers. Institutions for the aging were established by the Little Sisters of the Poor as an alternate to the depressing experience of county homes. Other institutions to meet other pressing needs constituted the early stages of development of Catholic social service. In more recent days, Catholic social service has been fostered under more precise Church auspices.

In the structure of the Catholic Church, the parish is the most fundamental unit. Because of the limited geographical and numerical extent of the average parish, it remained for the next echelon of Church administration to assume responsibility for inaugurating and administering broad social programs. On a diocesan level, therefore, Catholic social service has developed during this present century. Under the authority of the local Bishop, a priest trained in social work is generally appointed as diocesan director of Catholic Charities. It is his task to promote the development of programs of service for the Catholic population of a given diocese. He is charged with the responsibility of coordinating the activity of agencies and institutions operating within a diocese which may be under the direct administration of a religious community of men or women. The director of Catholic Charities generally heads a professional staff performing basic services to these institutions and to individuals. The important task of discovering need and planning program to meet such need is incumbent upon the diocesan director. It is his responsibility to cooperate with other social agencies within the community to contribute his best thinking and planning to meet community problems. In many localities Catholic Charities agencies and institutions are members of councils of social agencies or welfare federations. In a large percentage of major dioceses, Catholic Charities agencies and institutions

participate in community chest and united appeal campaigns. In other instances, the gathering of funds to support ongoing programs is an additional responsibility of the director of Catholic charities. At present in the United States there are 340 diocesan and branch agencies of Catholic Charities. These agencies operate in 115 dioceses located in 46 states and the District of Columbia.

Service Programs

Typical areas of Catholic social service are those concerned with the welfare of children, family welfare, the aging, recreational services for youth, health services, and other programs geared to meet certain specialized needs. Major emphasis in the United States in Catholic social service continues to be focused on the dependent and neglected child. The philosophy of service in Catholic agencies is keeping pace with the developments in the professional field so that varieties of service apart from the institutional programs are offered to dependent and neglected children. Catholic social service has given notable leadership in the trend toward developing cottage type institutions as distinguished from the congregate type provided for dependent children. The 1958 Official Catholic Directory lists 295 homes and institutions for dependent children caring for 27,800. Twenty-four institutions for the mentally handicapped and 35 institutions for the physically handicapped are listed. Twenty-five residential schools for socially maladjusted boys and 68 such institutions for girls are currently in operation. Catholic Charities agencies are supervising 20,500 children placed in foster homes.

It is pertinent here to set forth the position of Catholic social service with regard to the maintenance of these institutions under religious auspices. Generally, the Catholic Church believes that the spiritual interests of her children can best be served in agencies under Catholic auspices. Catholics in general do not subscribe to the social work philosophy which fixes the place of voluntary religious agencies as chiefly in the field of experimentation and demonstration. The need of Catholic children for substitute or specialized care is not dis-

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covered merely for later assignment to a public agency. Catholic Charities agencies understand their function as a continuing program geared to offer service on a regular basis to Catholic clients and believe that their existence concurrently with public welfare agencies is a desirable development. This position is founded not merely on theological grounds but also upon the belief that the native religious and cultural influences should be preserved as positive strengths in service to children and families. It is the belief of the leaders of Catholic social welfare practice that our nation is blessed with a variety of social welfare programs under voluntary and religious sponsorship and that the maintenance of this citizen organization interest gives strength and inspiration to those public welfare programs which are deemed necessary to cover the broad base of certain social needs. It is the belief of Catholic leaders that government should make every possible practical use of the facilities and services of religious and voluntary welfare groups.

Current statistics of social breakdown demonstrate clearly that in recent years the family has increasingly been the victim of social stress. Family service departments in Catholic Charities agencies are a current development worthy of note. The skillful techniques of the counselor are being joined with the religious advice of the pastor to preserve the structure and the strength of family life as a means of reducing social breakdown. Catholic Charities agencies are working in conjunction with other units such as the Catholic Family Life Bureau, the Family Retreat Movement, and the Pre-Cana and Cana Conferences. These organizations plus others set up to revive religious practices within the home are designed to deploy all of the spiritual power available to Catholic families to allay causes of family deterioration.

Historically, the Catholic Church in the United States has provided extensive hospital care for physically and mentally ill people. With the advancement of health insurance programs still greater use is currently being made of the facilities being provided by the Church. In 1958, 1,147 Catholic hospitals and

allied agencies gave 170,000,000 days care. Approximately 155,835 beds and 23,398 bassinets provided care on an inpatient basis. 68.5% of Catholic hospitals gave outpatient service including clinics for cancer, mental hygiene, heart ailments, and alcoholism. At the conclusion of 1958 there were 324 Catholic schools of nursing with an enrollment of 34,076.

The Catholic Youth Organization (CYO) is generally associated in diocesan programs of social service. Programs provided under this auspice include those typical of settlement houses and recreational centers. These include organized athletics, summer camps, crafts, religious and cultural programs, study groups, and occupational training. In 133 dioceses of the United States the CYO is conducting programs as described above. These programs are coordinated nationally by the Youth Department of the National Catholic Welfare Conference.

Planning and executing of programs for the aging is currently a great concern of Catholic social service. Everyone is aware of the fact that the aging group constitutes a large and growing percentage of our total population. Specific types of social service for this group are emerging from the research being conducted by the National Conference of Catholic Charities. The material being gathered in Cleveland, St. Louis, Buffalo, and Milwaukee indicates that a wider approach to service for this group must be pursued. Our institutional programs, traditional of Catholic social service, must be added to by a variety of other services designed to meet the specific needs of this increasing group, who are to a very great extent independent of institutional and relief programs. Devising thorough programs for service to the aging constitutes a challenge to the field of social service.

Military installations and defense-impacted areas are serviced by the National Catholic Community Service. This program was established by the Catholic Bishops of the United States to provide services for the military and for civilian personnel affected by war industries. The decrease in the size of the military

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has reduced the size of this program but it remains as a vital force in providing services to Catholic personnel both in the United States and abroad. The National Catholic Community Service provides service to all veterans hospitals. A service somewhat related to this is conducted by the Apostleship of the Sea. This official Catholic association provides for the religious, educational, and charitable welfare of merchant seamen. The work is carried on by port chaplains, priests, and trained lay workers in the major port cities of the United States. There are nine such establishments which serve annually an estimated 250,000 seamen.

International Social Work

The international character of the Catholic Church is reflected in its programs of social service. Thirty-nine national organizations are federated into the International Conference of Catholic Charities. Under the auspices of the Holy See, this large group of organizations throughout the world aims at the practical expression through charity of Christ's concern for man's spiritual and temporal well-being. As illustrations of this international concern, it is appropriate to refer to the project of the Church in Ghana. Advice and counsel of the religious leaders in the field of social welfare has resulted in a community morale which is producing a truly successful community program. Leadership from among the rank and file of citizens is being developed so that a wide area of service is being contributed by the people themselves. At the same time, in-service training is being given to members of existing organizations as well as training for true participation in professional social service work.

In Colombia the International Conference of Catholic Charities is helping to promote community development programs. *See COMMUNITY DEVELOPMENT*. The technical assistance and human resources of the International Conference of Catholic Charities are being given to this country in its effort to conduct a series of special projects designed to improve the health, education, and welfare of its people. The International Conference of

Catholic Charities, established in 1951, has made genuine progress in representing the Church in the area of social service. Since May 1952 it has enjoyed a consultative status before the Economic and Social Council and other instrumentalities of the United Nations. The International Conference has placed particular importance upon its work with the United Nations Children's Fund.

Volunteer Organizations

Personal service has always been regarded as an integral part of Catholic social work. The obligation of charity is considered to be a personal one which cannot be assigned to an agency or a bureau. As a result, great stress has been placed upon the development of volunteer agencies in the United States. Outstanding among these is the Society of St. Vincent de Paul. This organization had its founding in France in 1833 by Frederick Ozanam. The first Society in the United States was formed in 1845 in St. Louis. The stated purpose of this organization is to help its members become more Christlike through the practice of the spiritual and corporal works of mercy. The Society is built around parish conferences which number more than 3,900 in the United States. These are federated into 133 Particular Councils which have a membership of over 35,000 laymen. The services of the Vincentians include spiritual counseling, fostering of religious education, visitation of the imprisoned, assistance to the sick and handicapped, emergency financial assistance, medical and dental care, and instruction on applying for other assistance programs available to citizens generally. Funds for the operation of this program are gathered by personal contributions of the members and by poor box contributions in parish churches. In recent years some Particular Councils have established salvage bureaus as a means of providing more funds for their broad program of social service.

Other volunteer groups include the Ladies of Charity, Catholic Big Brothers, Catholic Big Sisters, Knights of Columbus, Catholic Daughters of America, and numerous other

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societies which constitute the diocesan Councils of Catholic Men and Women.

National Agencies

The National Conference of Catholic Charities is the chief coordinating agency for Catholic social welfare programs in the United States. It was established at Catholic University, Washington, D. C., in 1910. The Conference proposes to foster among Catholic workers, volunteer and professional, a supernatural motivation in service to their fellow men. It proposes to integrate modern techniques with traditional charity in meeting the needs of people. Its principal aims are to develop a literature of the field, to promote research, to give direction to diocesan organizations, and to improve standards of service. Field service is provided for institutions and agencies and a monthly *Catholic Charities Review* is published. A national annual meeting as well as regional meetings are held each year among the affiliated agencies. It promotes quarterly meetings of the Conference of Religious which is a gathering of Sisters who are engaged in various fields of social service. The Conference of Religious is developing its own literature gleaned from self-studies made in their institutions and service programs.

The National Conference of Catholic Charities has taken a major role in developing neighborhood organizations designed to stem the tide of disintegration which looms ever larger in the American community. Programs by which stimulus is given to solid neighborhood leadership have developed in many large cities. A most notable degree of success has been achieved in Lackawanna, a suburb of Buffalo, New York. This new approach to the disorganized community is in essence a method of complementing specialized services being given by local welfare agencies.

The National Catholic Welfare Conference is another Church agency involved in social service programs. The Conference operates through many departments including Health, Education, Youth, Social Action, and Lay Organizations. This latter group is constituted of the National Council of Catholic

Women and the National Council of Catholic Men. Among other organizational aims, both of the named National Councils promote social service programs by offering leadership in community projects, on advisory boards, and as volunteers in direct service programs.

The National Catholic Rural Life Conference, with headquarters in Des Moines, Iowa, is designed to stabilize the life of the rural citizenry so that they may continue to make productive contribution to the world economy. A refinement of Christian social and moral principles and their application to the economic life of the farming community is making solid contribution to the preservation of proper balance between rural and urban living.

Catholic Schools of Social Work

Six Catholic graduate schools of social work have been accredited by the Council on Social Work Education. Loyola University School of Social Work in Chicago, established in 1914, has an enrollment of 85 full-time students. Fordham University School of Social Service, New York City, founded in 1916, has an enrollment of 167. St. Louis University School of Social Service, founded in 1930, has an enrollment of 69. Boston College School of Social Work, established in 1936, has an enrollment of 89. The Worden School of Social Service, Our Lady of the Lake College, San Antonio, Texas, founded in 1942, has an enrollment of 51. The National Catholic School of Social Service, Catholic University of America, Washington, D. C., established in 1947, has an enrollment of 87. This last-named school is an amalgamation of the National Catholic School of Social Service founded in 1921 and the Catholic University School of Social Work founded in 1934. The total enrollment of the six schools in 1959 was 548.

Three other schools of social work under Catholic auspices train personnel for Catholic social agencies in the United States although located in Canada. They are the University of Ottawa, St. Patrick's College School of Social Welfare, Ottawa; Laval School of Social Work, Quebec; and the University of

Montreal, Department of Social Work, Montreal.

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RAYMOND J. GALLAGHER

CHILD WELFARE as a field of action includes a broad range of efforts aimed at making it possible for children to live happily and to grow and develop into healthy, wholesome individuals able to make the most of their potential in life. It encompasses services provided directly to children and is also concerned with the preservation and strengthening of family life and the bringing about of the kind of community life which makes for wholesome child development.

Early Development in Child Care

Early child welfare efforts in this country

† For addresses of periodicals listed see Appendix.

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related primarily to the care of homeless children. War, starvation, and disease took heavy toll among parents in the colonies and it was frequently necessary to devise ways of providing for children. Although many such children were taken in by friends and relatives, community services were also needed. The colonists, turning to the Elizabethan poor laws with which they were familiar, soon developed systems of apprenticeship and indenture. They also made extensive use of almshouses where children were housed along with other destitute persons.

For many years these were the principal tools of child care, but in some places the placement of children in almshouses with sick, aged, and sometimes depraved adults caused public concern. It was the effort to remedy this situation and to provide religious training and education that gave rise to the establishment of separate institutions for the care of homeless children. One of the first of these early orphanages was organized by the Ursuline Sisters in New Orleans in 1729 to provide training for young girls orphaned by Indian massacres. During the next century many such institutions were established. Among these was the first public institution for children, the Charleston Orphan House, founded in 1790 in South Carolina. By 1850 there were at least 116 institutions for dependent children, and as the country expanded their numbers increased. Encouragement was given to this movement by the granting of public subsidies to voluntary organizations and the establishment of state homes for the children of soldiers and sailors. Some states also founded large congregate institutions, where dependent children were brought together for care. Many of these have now been abandoned or converted to some specialized purpose as other methods of care have been developed and as local public and private institutions have been established.

Children from these institutions were often placed with families on an indenture, free, or work basis, and the placement of children with private families as a method of child care developed in connection with these institutional services. As some of the advantages

of family care became apparent, special agencies were established for placing children with foster families. The Children's Aid Society of New York City, established in 1853, is credited with being the first child placing agency separate from an institution. This method of care spread throughout the country, and it gained impetus as agencies obtained experience with the payment of board for children so that it was no longer necessary to depend upon persons who would take children on a work or free basis. At one point, a few years ago, there were those who thought boarding home care would displace institutional care, and it is now the principal method of caring for children who cannot be with their own families. Experience has indicated, however, that there are always some children who need the special services provided by institutions and that the two types of care supplement each other.

In the early part of the nineteenth century various movements began toward specialized types of institutional care. As advances were made in methods of education for the handicapped, the need for special schools for the deaf and the blind became apparent. Also, separate facilities were started for the mentally deficient. Unmarried mothers came in for special attention and the maternity home movement was launched around the middle of the century.

Special institutions were also developed during this period for the care of young offenders. Previous to this time delinquent children were committed to the same facilities as adults, and they were to be found among the mixed populations of early jails, workhouses, and houses of correction. The founding of the New York City House of Refuge in 1819 established a precedent which gradually was adopted in other places, and by 1875 most states had such institutions. These were the forerunners of present day training schools.

During the past century there was some beginning of efforts to assist widows with children in holding their families together. The charity organization movement in the latter part of the century also gave some

impetus to efforts to preserve family life. It was not, however, until recent years that this emphasis became a major one.

SERVICE TO CHILDREN IN THEIR OWN HOMES

Modern child welfare services are predicated upon a recognition of the importance to children of their parents and of family life. It is from parents that most children receive the protection, care, and guidance which enable them to become healthy, well-balanced, happy adults. The strong ties of affection and love which exist between most children and their parents from infancy place parents in a special position to have a vital influence upon the lives of their children. It is for this reason that having parents who are loving, mature, and understanding is so important to children. Although for some children, reasonably satisfactory substitute relationships can be developed with persons not their own parents, for many deprived children such a relationship is never attained. Modern child welfare leadership, therefore, places strong emphasis upon efforts to strengthen the child's own family.

Economic Security

One of the hazards to adequately functioning families is insufficient income. Earnings have gone up substantially since before World War II. From 1939 to 1957, income figures more than tripled while consumer prices doubled. This means that families generally have more ability to purchase the necessities of life. In 1957 the median money income from all sources for United States families was \$4,970, almost twice as much as in 1944. This has important positive implications for security in family life. On the other hand, large numbers of families still have extremely low incomes. In fact, one out of every seven children in the United States lives in a family that must get along on less than \$2,000 a year.

Experience has indicated that even in the most prosperous times special measures are necessary to insure basic economic security to large numbers of families. Unemployment insurance plays an important role in meeting the needs of this group. Important, too, but

quite often inadequate are the general assistance programs administered by various states and localities. Of direct and specific benefit to broken families with children is the old-age, survivors, and disability insurance program, which is now providing protection to nine out of ten mothers and children in the event of the death of the breadwinner. In February 1959 a total of 1,676,635 children were receiving benefits under this program. See *Old-Age, Survivors, and Disability Insurance in SOCIAL INSURANCE*.

Aid to Dependent Children

Attention has been given for many years to the broken family because of the special problems of these families in meeting financial and social needs. During the early 1900's many states established mothers' pension programs. By 1935, such legislation existed in all but three states. Although assistance was often meager and some laws were actually inoperative, the principle of financial aid to help keep families intact was well established in state law. In 1935, as part of the social security program, Congress wrote this same principle into law in the form of aid to dependent children (ADC). Federal grants were made to states to assist them in carrying out a program of assistance to children with adult members of their families (usually the mother) in situations where one or both parents were either dead, absent, or incapacitated. This national program became the successor to the mothers' pensions and has made a tremendous contribution over the years in meeting financial need and in helping families stay together. The ADC program is now in operation throughout the country, and in February 1959 slightly over three-fourths of a million (769,069) families with 2,724,511 children were receiving such assistance. Average assistance per family for the month was \$107.50, varying from \$14.99 in Puerto Rico and \$27.97 in Alabama to \$164.27 in Wisconsin.

In recent years the number of children receiving ADC has increased significantly as has the average grant. Important changes have also occurred in the make-up of the

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families receiving assistance. The upward trend in numbers results from an increase in the number of children in the population and in the total number of families, coupled with an even larger proportionate rise in the number of families broken by divorce, separation, or desertion or headed by an unmarried mother. While the number of families receiving ADC for these reasons is increasing, the number in which the father is dead is rapidly decreasing. This is true because most children whose fathers die receive social insurance benefits and do not come on assistance; also, there has been a drop in the number of paternal orphans in the general population. Whereas in the beginning of the program, 42 per cent of the families were eligible because of the death of the father, this number has been reduced to 13 per cent. This leaves a high concentration of families which typify the serious national problems of family breakup and unmarried parenthood.

This change in the nature of the families served by ADC has highlighted the need which has always existed for the provision of skilled casework services. Much more emphasis is being placed upon this aspect of the program than in earlier years. This was encouraged by a change in the Social Security Act in 1956 which clearly placed responsibility upon administrators of the program to provide services (as well as income) aimed at maintaining and strengthening family life and at helping families attain self-support in so far as is consistent with the carrying out of parental responsibilities. Under leadership of the Bureau of Public Assistance, Social Security Administration, Department of Health, Education, and Welfare, many states are placing special emphasis on the provision of casework services needed by these families and this represents one of the encouraging trends of the times. *See PUBLIC ASSISTANCE.*

Casework Services to Families

The emphasis on services to families on ADC is illustrative of a trend which seems to be taking place in the general field of

child welfare, a movement toward provision of more service to families who need help in order to give good care to their children. The situations of abandonment, neglect, and mistreatment which are often present when it is necessary to take a child into foster care are dramatic and emergent. It is not surprising that short-staffed child welfare agencies with limited resources have tended to give their time and attention largely to the provision of foster care. Experience with foster care, however, has built up a body of knowledge which clearly indicates the need for social services applied to families while children are in their own homes and before foster care is necessary. Child welfare workers have also become increasingly aware of the continuing dominant influence of own parents in the lives of children in foster care. They have observed the important, and sometimes terrible, implication for emotional well-being of continued living in family situations which are so bad that removal becomes necessary. They have also seen that good foster care is expensive, as compared to early services to children in their own homes.

Observations of this kind have led child welfare workers in recent years to give more and more time and attention to ways and means of preserving the child's own family and of helping that family be a better one. Just as mothers in ADC are in need of counseling and casework service, so are the parents in many other troubled families. If this service can be provided skillfully and at an early enough stage the need for foster care as well as future delinquency and social maladjustment can often be eliminated.

In March 1959 the public welfare agencies of the country were providing casework services to 129,493 children who were living in their own homes or in the homes of relatives. This was an increase of 26 per cent over the number of children being similarly served in 1946. This number made up 38 per cent of all the children receiving child welfare casework services from public agencies, the remainder being in a variety of situations, most of them in foster family homes or institu-

tions. These figures do not include the children being served by a large number of private agencies.

The circumstances which necessitate service for these children and their families vary widely. Sometimes parents come to the agency when they are having difficulties with their children and when they need information or guidance about how to proceed. Sometimes children themselves who face problems too big for them, or who have relationship problems with their parents, may request assistance from the agency. Frequently children who present problems are referred by the court. Complaints concerning behavior problems from school or other community agencies may also bring the agency into the picture.

One of the most common kinds of situation where social services are brought to bear upon families is that in which parents may be neglecting, abusing, or subjecting their children to demoralizing influences. Frequently complaints have to do with housekeeping and physical care of children. Sometimes they are concerned with children left alone and unattended for long periods of time, with drunkenness, with quarreling, or with physical mistreatment of children. It is out of situations of this kind, frequently extending over long periods of time, that the need for foster care has often arisen. Out of such situations also may arise serious problems of delinquency.

One of the significant developments in the child welfare field has been the widespread recognition that the community could insert itself into these situations through child welfare services with frequent positive results. Until recent years many casework authorities were taking the position that successful service could be offered only to those of these parents who sought help from the agency. It is now being clearly demonstrated, however, that the agency, with or without direction from the court, can often enter these situations successfully and with positive results. Experience has indicated that skilled staff carefully approaching these families can

usually establish a relationship which is constructive. Many parents who neglect or abuse their children do not willfully do so. Even those who seem to do so frequently have regrets and positive inclinations which can be strengthened and supported. Some parents are of limited ability and need the help of an outsider in order to carry out satisfactorily their responsibilities. If casework is unsuccessful, the presence of the agency is a protection to the children in that steps can be taken for their removal into foster care if the situation becomes that serious. To initiate this action is the responsibility of the protective service worker. Much new thinking is being done on protective services. One of the more significant contributions in 1959 was the development and adoption of standards for protective services by the Child Welfare League of America.

Child welfare workers make extensive use of community services which supplement and assist families in carrying out their responsibilities. Among these are a wide variety of health services including psychiatric diagnostic and treatment facilities (which are so frequently needed but so infrequently available), group work services and recreation facilities, church services, and educational programs. Successful work with a single family may involve a whole battery of community services. Two specific kinds of services which are frequently necessary for successful care of children by their own families are the provision of day care facilities and home-maker services.

Day Care

One of the kinds of situation in which such special help is often needed is that in which both parents (or the lone parent having responsibility for the children) find it necessary to be out of the home during the day. In 1958, there were 7½ million working mothers in the United States—30 out of every 100 women with one or more children under 18 in her care. In January 1959 it was reported by the Children's Bureau that nearly 400,000 children under 12 years of

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age have to care for themselves while their mothers work, and that 138,000 of these children are less than 10 years of age. These facts, gathered by the Census Bureau in a special 1957 study, indicated that the number of mothers in the labor force with children under 18 had more than doubled since 1950.

Most of the children for whom day care arrangements were made were cared for by either fathers or relatives while their mothers worked, but over one million were looked after by non-relatives who either came into the children's homes or cared for them in their own homes. About 24,000 children under 3 years of age and 67,000 children between 3 and 5 were in group care. The large number of children left to their own devices while mothers are out of the home, the very young children in group care, and the comparatively small number of children who are cared for through planned community services give cause for grave concern to those persons who have responsibility for preventing neglect of children and for the prevention of delinquency and social maladjustment.

Planning for these children was greatly accelerated during World War II. At this time federal funds were made available to stimulate the establishment of day care programs in defense centers and communities engaged in the war effort. Although many communities were permanently benefited by the stimulation to services resulting from these funds, this program was discontinued after the war and nothing comparable exists to meet the present serious problem of day care.

Services provided are, generally speaking, of two kinds, foster family care and care in group facilities known as day nurseries or nursery schools. Foster family day care has been used successfully by many agencies. Homes are studied and sometimes licensed for this purpose in a manner comparable to those providing full-time care. Financial arrangements are usually between the operator of the home and the parent, with the home being supervised as to program and standards

of care by the agency. These homes are not to be confused with the informal, and in some states illegal, provision of care without benefit of agency services and public license. Group facilities are generally classified as either day nurseries or nursery schools. Traditionally, day nurseries have emphasized protective or custodial day care while nursery schools have stressed the education of the young child. Experience, however, has indicated that regardless of designation, group care of children during the day requires an integration of the philosophies and skills of education, health, and welfare. In this country today, confronted as it is with large numbers of mothers in the work force on a permanent basis, the need for a great expansion of day care facilities is obvious. This includes not only facilities for care of children but also agency counseling services and advisory services to mothers confronted with day care problems. *See FOSTER CARE FOR CHILDREN.*

Homemaker Service

Closely allied to day care is another important method of supplementing the efforts of parents, homemaker service. Under this plan, agencies employ and train capable women who can be placed in homes to carry the responsibility of looking after children or other individuals needing care and for carrying on household functions. The idea that it might be better to use homemakers in some families instead of removing children and placing them in foster care in time of emergency emerged in the 1920's. It was given considerable impetus by the housekeeping aide program of the Work's Progress Administration in the 1930's and has gradually grown since that time with the greatest developments occurring in the past 10 years. Homemakers are now used in a wide variety of situations to great advantage. They are useful during periods of temporary illness of the mother. They are also helpful in enabling mothers to assume gradual responsibility for their families during periods of convalescence, particularly in the case of mental illness.

Sometimes, too, when a mother is chronically ill and cannot take full responsibility, her services can be supplemented in such a way as to enable the family to stay together. Homemakers are also used in times of death, either on a continuing basis or to give the father time to plan carefully for his children's future. Homemakers are useful in some neglect situations in helping stabilize the home and demonstrate satisfactory care of children.

Under this plan the homemaker is employed by the agency with financial arrangements being between the parent and the agency. The caseworker, the homemaker, and the parents comprise a team working together in the children's behalf. Homemakers are selected not only because they are good housekeepers but also because they have warmth, understanding personalities, and some of the same qualities that are required in a foster mother.

Development of this service over the years has been slow. In 1958, homemaker service was provided by about 150 agencies in the continental United States. These were scattered through 32 states and the District of Columbia. Services, however, were available in only 150 of the 3,100 counties in the United States. At this time, these agencies employed 1,715 homemakers who were serving 2,188 families. Not all these families had children, however, as this kind of service has in recent years been found to be extremely valuable in enabling older people and ill persons to maintain themselves in their own households. A significant development during 1959 in relation to homemaker service was the National Conference on Homemaker Services which was held in Chicago. There approximately 300 people met in a conference sponsored by 26 national voluntary welfare and health agencies and 8 units of the Department of Health, Education, and Welfare. This conference, with the background material which was gathered for it, did much to crystalize thinking in this field and to lay the groundwork for the further expansion of

this kind of service which is clearly indicated. See *HOMEMAKER SERVICE*.

Special Services in the Schools

Another important service to children in their own home stems from the schools. As educators broadened the aims of education they found that many children were unable to profit by what was offered to them because of social and emotional problems stemming from their homes and the communities in which they lived. Increasingly, schools have found it necessary and advisable to add to their services a variety of specialists having the function of assisting children with these problems so that they can take full advantage of the educational program. Some of these services center around the matter of school attendance and attempts to clear up the underlying symptoms which result in school attendance problems. Extensive use is made of health services, and some schools are using psychiatric and psychological assistance in dealing with special problems. Many schools have also equipped themselves with guidance counselors who give special attention to vocational guidance but frequently are involved in counseling in other areas. Beginning in the early part of this century, schools began to employ special social work staff and this has become a recognized national field of service. School social workers operate as a part of the school system and within the aims and purposes of the schools. They give assistance to children who are showing problems in maladjustment, working not only with them but also with their families. Although the existence of this service in school systems is far from universal, an important contribution is being made in the lives of many children and their families. See *SCHOOL SOCIAL SERVICES and GUIDANCE AND COUNSELING*.

CARE OF CHILDREN AWAY FROM THEIR HOMES

Foster Care

In spite of the growing interest in the provision of service to children in their own

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homes, child welfare workers throughout the country are still preoccupied to a large degree with children who are in foster care of various kinds. In 1957, for example, 62 per cent of the children receiving casework services from state and local public welfare agencies were outside their own homes, either with foster families, in institutions, or elsewhere. This included 203,029 children. (This figure does not include a substantial number of children served by voluntary agencies and institutions and certain public agencies.) Although it is to be hoped that the expansion of services to children in their own homes will eventually greatly change the proportion of worker time to be devoted to foster care through the preventive effect of such services, there is no reason to think that foster care will not always be an important aspect of child welfare.

Children in foster care are dependent upon a community in a way which cannot be ignored. They are children to which tragic things have happened. A small proportion of them have lost both their parents or one parent through death. Large numbers of them come out of family situations so badly disorganized that they have been adjudged by courts to be no longer fit for the care of children. Often they come out of these families after long years of deprivation, mistreatment, and subjection to demoralizing influences. To these children the public owes a special obligation which it must carry out effectively and to the best of its ability. In most communities some kind of care exists for such children either with foster families or in institutions. In many communities a wide variety of care may be available; in others, services are quite meager and are available only on an emergency basis.

During recent years, several concepts have been growing increasingly clear concerning methods of care for these children. One of the most significant of these is increased recognition of the importance of the child's own family during the time he is in foster care. This concept, as set forth above (in the discussion on services to children in their own homes), clearly points the way to con-

tinued and increased devotion of time and attention to service to own families aimed at preparing these families for return of their children. No longer is it enough for the community merely to assume responsibility for the care of the child who must be removed from his own family. Along with this goes the obligation to exhaust every possible effort to reconstruct the family so the child can be returned to it as quickly as possible. In order to carry out this obligation, institutions and child placing agencies are finding it necessary to increase greatly the time and effort devoted to family casework. Just as family service can pay dividends in preventing the necessity for foster care, so also can it be used to shorten the length of time children are in foster care.

The development of the concept of foster family care has had important implications for the programs of institutions throughout the country. Child welfare workers have become increasingly convinced of the values of family living for the child even when he cannot be with his own family. This has meant that, more and more, children who can live with substitute families are doing so. Institutions are finding it necessary to regear their programs and to assume the difficult assignment of caring for those children who cannot be placed with foster families or who need services which only an institution can offer. This includes children who are emotionally disturbed, children who present such serious problems they cannot be accepted by foster families, and children who have such close ties to their own families that they cannot accept foster care. Institutions are also serving on a temporary basis many children who are awaiting or being prepared for foster family placement. Care for these kinds of children requires a much more complicated and professional type of service than that traditionally provided by some institutions. Although many are making necessary changes with a high degree of success, some are finding great difficulty in doing so, and some who have been unsuccessful in making the transition are discontinuing service.

Another clearly emerging concept, closely related to recognition of the importance of the child's own family, has been clearly demonstrated by experience over the years. This is recognition of the fact that every child needs a permanent family; if not his own, then a permanent substitute. Changing concepts concerning the possibility of adoption have made this a reality for large numbers of children who formerly might well have grown up either in institutions or moving from foster family to foster family. The growing realization of recent years that older children, unattractive children, and children with handicaps can often be successfully placed on a permanent basis through adoption has opened doors for a new life to many children in foster care. Child welfare agencies have far to go before full use is made of these potential permanent homes for children.

Increasing recognition of the varied special needs of children has resulted in more inventiveness and flexibility on the part of child welfare workers. Various adaptations of institutional care and foster care have been worked out in order to meet specialized needs of children. Special financial arrangements are being used to induce well-qualified people to become boarding home parents, and the services of foster families are being supplemented sometimes by specialized casework services with psychiatric consultation, sometimes with day care facilities or homemakers. It will be necessary to exploit these variations and many others to the full if the special needs of children outside their own homes are to be met. *See FOSTER CARE FOR CHILDREN.*

Adoption

Because of its increasing significance as a tool for providing permanent homes for children who need them, adoption is deserving of special mention. The broader use of adoption described above and the acceptance of children who are less than perfect by adoptive parents probably reflect not only a change in concept upon the part of adoption agencies, but also the acceptance of adoption in our

culture. This would seem also to be indicated by the increasing number of adoptions. From 1945 to 1957, adoptions by unrelated persons increased from approximately 28,000 to approximately 47,000 throughout the country. Although this increase is gratifying, the total represents a comparatively small proportion of the potential to be found in the child welfare caseloads of the country.

Significantly, too, there seems to be a growing recognition of the extreme delicacy of adoptive placements and a translation of this recognition into requirements that social studies should be made before adoptions are granted. Thirty-five states require such a social study by law, many of these requirements having been added during the past 25 years. Emphasis on this need for social agency participation in adoptions is also reflected in the growing number of adoptions in which placements have been made through social agencies. In 1944 this included 49 per cent of such placements with non-related persons, but by 1957 this percentage had increased to 60 per cent, varying from less than one-third in some states to more than 90 per cent in Minnesota. The problem of non-agency placements, however, still remains as a serious threat to children in many communities. *See ADOPTION.*

OTHER SERVICES

Service to Unmarried Mothers

Closely allied to the field of adoption is services to unmarried mothers. In fact, 75 per cent of the children adopted by unrelated persons in 1957 were born out of wedlock. This was, however, only a small proportion of the total number of children born to unmarried parents throughout the country (193,500 in 1956). These children, socially handicapped from the beginning, represent many potentially serious problems for the future. They and their mothers certainly deserve careful attention from responsible community agencies. A growing amount of time is being spent by social agencies not only in planning for children but also in assisting unmarried mothers with their very real and

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serious personal problems. Such services have as their goal not only a happier adjustment upon the mother's part, but also the prevention of re-occurrences of illegitimate pregnancies. Two important facts bear out the need for the devotion of much greater time and attention to unmarried mothers: (1) The problem is an increasingly serious one. From 1938 to 1956, the number of children born out of wedlock more than doubled and the rate of illegitimate births almost tripled, increasing from 7 per 1,000 unmarried women aged 15 to 44 in 1938, to 20.2 in 1956. (2) The second factor clearly indicating the need for attention to this problem by child welfare service agencies is the fact that many unmarried mothers are themselves actually only children. Teenagers gave birth to approximately 40 per cent of the illegitimate children born in 1956. During that year more such children were born to mothers in the age group 15 to 19 years than in any other. Throughout the country, 1 out of every 7 girls this young who bore a child was not married. The increasing need for service to these young people has not as yet been reflected in expanding programs.

Prevention and Treatment of Delinquency

An important aspect of child welfare is the prevention and treatment of juvenile delinquency. Children's Bureau estimates indicate that during 1957, more than 600,000 cases of delinquency were referred to juvenile courts. These involved an estimated one-half million different children making up 2.3 per cent of all children in the age group between 10 and 17 in the United States. Delinquency has always been a problem and a serious one in this country, but study of Children's Bureau estimates would seem to indicate that it is growing at such a rapid rate as to merit even more national attention than is currently being given to it. Best estimates available indicate that the 600,000 children referred to above represent an increase of more than 100 per cent over the comparable number appearing in 1948. This compares with an increase of only 27 per cent in the number of children of the juvenile age group in the

general population over that same period. Statistics from the Federal Bureau of Investigation would tend to confirm this story of increasing delinquency. Considerable difference of opinion exists in the field concerning the significance of these statistics but there is general agreement that the problem of maladjustment among children, as evidenced by delinquency, is sufficiently great to merit a much larger attack on it than is presently under way.

One of the facts which is becoming increasingly clear is that delinquency does not necessarily set a child apart in terms of the kinds of child welfare services which he needs. It is true that special facilities are needed for delinquent children. Extensive police services are required; juvenile courts and probation officers devote a high proportion of their time to this problem; and special institutions with a variety of approaches are required for care of delinquents. On the other hand, delinquents are children, and when problems arise they need and must have from the community the same basic kind of services which are required for other children. This is true both for treatment of problems of delinquent children and in prevention of those problems. Community services devoted to supplementing the family, to providing constructive activities for children, and to preventing or dealing with maladjustment among children are the same services which must be depended upon in the prevention of delinquency. Growing recognition of this fact appears to be having three significant results: (1) Fewer communities seem to be adopting fly-by-night panaceas unrelated to the stream of services in the community. (2) Leaders in child welfare throughout the country are taking more interest and assuming more responsibility for leadership in delinquency prevention and control. (3) There are some indications that national concern over delinquency may be resulting in some strengthening of basic community services to children.

In many communities and states, citizens groups are carrying out active community organization programs aimed at gaining citi-

zen support and translating this support into increased services for children. Child welfare leadership is frequently responsible for the stimulation of these activities and normally carries a responsible role in them. Tangible indication of the increased involvement and interest of state welfare departments in this field was presented during 1959 in a policy statement published by the American Public Welfare Association entitled, "Public Welfare Services and Juvenile Delinquency." This statement, which was initiated by the state child welfare directors of the country, clearly sets forth the responsibility of public welfare departments to provide both leadership and services directed at delinquency prevention and treatment. See *JUVENILE DELINQUENCY and COURTS AND SOCIAL WELFARE*.

ORGANIZATION OF STATE AND LOCAL SERVICES

The passage of the Social Security Act in 1935 gave great impetus to the organization of local and state public child welfare services. At the time this Act passed, 11 states did not have a general statewide child welfare program; 10 states had limited functions with no divisional organization in their state department; 2 states were in process of organizing a program; 25 states and the District of Columbia had special divisions devoted to child welfare in state departments of public welfare. States moved rapidly to assume responsibilities delegated to them under the Act, including child welfare services. Public welfare services under the Act extend to every jurisdiction in the country, and although full-time child welfare workers are not available in all jurisdictions (such workers were operating in slightly more than half of the counties of the country in 1957), at least limited child welfare services are likely to be available through this public welfare structure. In some states these services are quite comprehensive, and basic services are provided in most places.

Generally, state public welfare departments not only have responsibility for administration or supervision of the public child welfare program but they also supervise and license voluntary child placing agencies and

children's institutions. Day care services and maternity homes are also included in many licensing programs. Through this licensing function, state agencies establish minimum standards of care below which agencies and institutions must not fall; consultant services are provided to assist voluntary organizations in developing better services; and the state agency gives leadership directed toward better programs and new services to meet existing needs.

It is becoming generally accepted that the child welfare unit in a state welfare department has responsibility not only to administer the specific services to children which are assigned to it, but also to analyze continually the needs of children in the state to make proposals for new services to fill gaps; and to follow through with leadership to see that these services are provided. This leadership responsibility of public welfare departments is becoming more and more clear and is consuming heavy blocks of time for administrative staff of state child welfare agencies. Such leadership is also needed on a local level, and public and private child welfare personnel in local communities are often found to be extensively engaged in such activity.

Services needed by children involve a wide variety of agencies and professions. Important in supplementing the efforts of the family in behalf of children are the schools, churches, libraries, recreation centers, health and hygiene agencies, and a variety of others. Community planning directed at filling the gaps for children necessarily involves planning in a variety of fields, coordination of services, and cooperative endeavor upon the part of representatives from these various fields of action. Involved, too, are citizens who have no professional responsibility in any of these fields but through whose interest and concern community attitudes can be changed, laws enacted, and appropriations obtained. Sometimes public welfare people move directly to bring these groups together in behalf of children. Often they are found participating in these activities as part of community welfare councils or other similar planning bodies.

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In some local communities, special agencies exist for planning for children. At a state level such planning and action groups with a special interest in children are quite common. Their existence is, to a large degree, due to the stimulation of the White House Conference on Children and Youth of 1950. Leaders in child welfare carry much responsibility for these groups and are active through them in community planning and leadership. *See* STATE AND REGIONAL WELFARE ORGANIZATION.

NATIONAL GOVERNMENTAL LEADERSHIP

Children's Bureau

One of the significant landmarks in the history of child welfare in this country was the establishment in 1912 of the federal Children's Bureau, now a part of the Social Security Administration of the Department of Health, Education, and Welfare. In the early 1900's the idea developed that problems in child welfare were not confined to disorganized areas in large cities, to the cities themselves, or even to the states; they were national in scope. Out of this realization came, first, certain privately financed national organizations, such as the National Child Labor Committee, and later, the idea that the federal government itself should take a specific and active interest in the well-being of children. The proposal for a federal Children's Bureau came in 1903 and was one of the important recommendations of the first White House Conference on the Care of Dependent Children called by President Roosevelt in 1909. From the beginning of its existence, the Bureau gave aggressive leadership as a center of information for children, as an agency for crystallizing the needs of children, and for getting action in behalf of them. It was on recommendation of the Children's Bureau in 1935 that the request to Congress for social security legislation included aid to dependent children, maternal and child health programs, medical care for crippled children, and child welfare services. These programs became realities, and with the exception of aid to dependent children which is administered by the Bureau of Public Assistance, the

Children's Bureau has responsibility for these services. The impact of the federal funds provided through these various programs and the leadership of those persons responsible for the administration of them have probably been more significant than any other single influence in shaping the nature and development of modern child welfare.

One of the early interests of the Children's Bureau was *maternal and child health*. Federal funds were made available for a few years beginning in 1921 for the Bureau to make grants-in-aid to the states for this purpose. Such grants were re-instituted in 1935 and have been an important part of the health program of the Children's Bureau since that time. *See* PUBLIC HEALTH. Another group singled out for special attention was *crippled children*. Under this program funds were allocated to the states for locating and treating children with crippling conditions. Tremendous strides have been made throughout the country in dealing with the problems of these children so they can be cleared up or at least alleviated early in life. *See* THE PHYSICALLY HANDICAPPED.

The Children's Bureau has always maintained a strong interest in *research* and fact finding. Its contribution to understanding and planning arising out of these activities has been important. In fact, most of the trend figures used in this article on child welfare have either been gathered by the Children's Bureau or have been included in Children's Bureau publications.

One of the important parts of the Social Security Act of 1935 was Title I, Part III, Child Welfare Services. This Act has been amended on five occasions—in 1939, 1949, 1950, 1956, and 1958. It made provision for federal grants to the states through the Children's Bureau for the purpose of establishing, extending, and strengthening, especially in predominately rural areas, public *child welfare services* for the protection and care of homeless, dependent, and neglected children as well as children in danger of becoming delinquent. Under this Act, an appropriation is made to the Children's Bureau to be allotted to state public welfare agencies to

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carry out the purposes outlined above. The initial appropriation was \$1,500,000. This has gradually increased over the years, and in 1958 \$12,000,000 was appropriated for this purpose. Congress made several changes in this program in 1958 including the following:

Authorization was made for future appropriations up to \$17,000,000, an increase over the previously existing ceiling of \$5,000,000.

The provision making necessary special emphasis on children in predominately rural areas was eliminated. Thus funds were authorized for children in urban areas on the same basis as children in other parts of the country.

The formula for allotment of federal funds was changed so that grants will be in direct proportion to total child population rather than rural child population, and so that grants will be in inverse proportion to state per capita income which theretofore was not a consideration. Provision was made, however, so that no state would receive less than the amount it was formerly receiving.

A new requirement was set up by which state and local funds must match federal child welfare funds beginning with fiscal year 1960.

Provisions allowing the use of federal funds for the return of runaway children were broadened to increase the age limit from 16 to 18 years and to permit using federal funds for maintenance up to 15 days pending their return.

Authorization was given for the re-allotment of federal funds when a state certifies it will not need them to carry out its child welfare program.

A Federal Advisory Council on Child Welfare Services was established to examine the program and report its findings and recommendations to the Secretary of the Department of Health, Education, and Welfare and to Congress on or before January 1, 1960.

Effective July 1, 1959, Guam was included along with the rest of the country in child welfare services and the other grant programs.

The impact of these federal funds and the leadership of the Children's Bureau has done much to develop child welfare services throughout the country. These services now

encompass support for the following kinds of activities:

Giving services to children in their own homes, including those of their families and relatives, in meeting problems arising from physical, mental, or emotional handicaps, from economic and social disadvantages, or from unsatisfactory relationships.

Investigating complaints and requests for services which appear to involve the welfare of children.

Providing protective casework service in behalf of children who are neglected or mistreated.

Assisting communities to make studies to identify needs for children and youth as well as promoting the development of advisory committees, community councils, and other devices for citizen and youth participation in community activities.

Finding foster homes to help children who need to be removed from their own homes temporarily or for long periods of time.

Carrying out of adoption programs for children who need to be removed from their homes permanently.

Cooperating with schools and juvenile courts in behalf of children presenting conduct problems.

Rendering social service in connection with community and child guidance clinics.

Providing foster care in needed situations.

Developing day care services for the children of working mothers.

Expanding homemaker services.

Developing community resources to meet the needs of retarded children.

Protecting migrant children from hazardous living conditions.

Providing service to unwed mothers and safeguarding the welfare of children born to them.

Carrying on a public relations and interpretation program relative to children who need welfare services.

Strengthening services for the prevention and treatment of delinquency.

The Children's Bureau, which has always taken a special interest in delinquency, responded to a growing national problem in this field by establishing in 1954 a special *delinquency* section. Although funds have not been allotted to states specifically for delin-

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quency prevention and treatment services, many state welfare departments have been using funds made available to them under the child welfare services program for this purpose. There is an obvious need for increased federal funds to be used to combat juvenile delinquency, and for several years leaders in the child welfare field have been presenting this need to Congress—but so far without tangible results. Through its Delinquency Section, however, the Children's Bureau has greatly stepped up its consultant service to states and localities. Special consultants are provided in a variety of fields including community organization, training, institutional care, probation, and police services. This unit has, of course, carried on the traditional interest of the Children's Bureau in juvenile courts and is cooperating closely with national agencies in this general field of activity. It is unfortunate that Congress has not seen fit to strengthen the services of the Children's Bureau in this area commensurate with the growing problems which must be faced.

White House Conferences

One of the important ways in which the federal government has provided leadership on behalf of children has been through a series of conferences beginning in 1909 which have been called by the President and which are known as White House Conferences on Children and Youth. One of the important child welfare activities of 1958 and 1959 has been preparation for the White House Conference of 1960. The contribution of these conferences in crystallization of thinking and in stimulating action on behalf of children has been an extremely significant one.

The first Conference, called by President Theodore Roosevelt in 1909, was the Conference on the Care of Dependent Children. Emphasis was placed on one of its findings, that necessary aid should be given to maintain suitable homes and that homes should not be broken up for reasons of poverty alone. From such concern came the impetus for the mothers' pension movement which lasted until the advent of social security in 1935.

Recommendation was also made for the establishment of the federal Children's Bureau. The Conference recommended that a national voluntary agency be established in the field of care of dependent and neglected children, and in 1920 this was accomplished by the formation of the Child Welfare League of America.

The second Conference, called by President Wilson in 1919, was the Conference on Child Welfare Standards. Sessions held in Washington were followed by eight regional conferences. Emphasis was on employment, protection of health of children and mothers, and protection of children in need of special care. The recommended standards had a direct bearing on later developments in the fields of maternal and child health and state child welfare legislation.

The third Conference, called by President Hoover in 1930, was the Conference on Child Health and Protection. Its purpose was to study the status of the health and well-being of children of the United States and its possessions, to report what was being done, and to recommend what ought to be done and how to do it. Some 3,000 delegates attended. The reports of this Conference were published in 30 volumes. The "Children's Charter" adopted by the Conference was widely distributed and is still referred to as one of the highlights of the meeting.

The fourth Conference, called by President Franklin D. Roosevelt in 1940, was the White House Conference on Children in a Democracy. Sessions were devoted to the following topics: The Child and the Family, Religion, Educational Service, Child Labor, Youth Needs, Handicapped Children, and Public Administration and Financing. A national nongovernmental citizens' committee was formed to give leadership in the follow-up of recommendations, as well as to call upon the people of the country to maintain and extend essential services in all areas pertaining to children. Because of the emergency situation precipitated by the beginning of World War II, the National Committee of the Conference issued declarations under the title "Child Conservation and National Defense."

These emphasized the need for maintaining the social gains of the preceding decade.

The fifth Conference, called by President Truman in 1950, was the Mid-Century White House Conference on Children and Youth. The central focus was to consider how there could be developed in children the mental, emotional, and spiritual qualities essential to individual happiness and responsible citizenship; and what physical, economic, and social conditions are necessary to this development. Over 5,000 delegates, including citizens and young people as well as representatives of all professions dealing with children, met in Washington for a five-day session in December 1950. The action of the Conference was embodied in a Conference platform of 64 recommendations. A book, *Personality in the Making*, included the fact-finding research that resulted from the Conference and its projects. Intensive follow-up was provided through state committees and two national organizations, the National Advisory Council on State and Local Action for Children and Youth, and the Federal Interdepartmental Committee on Children and Youth. In December 1955, a follow-up conference was held in Washington which gave evidence that most states had been active in implementing the findings of the Conference.

The 1960 White House Conference promises to be a similarly important landmark in child welfare progress in this country. Its purpose is to promote opportunities for children and youth to utilize their full potential for creative life in freedom and dignity. Invitations will be issued to 7,000 professional and lay leaders in the child welfare field coming from all states and territories. They are being selected as representatives of national organizations of the states, and of government agencies. Also a sizeable delegation of international observers will be present. As in 1950, extensive preparatory operations are under way both by national organizations and their local affiliates and by organizations within the states. The Conference, as in 1950, is emphasizing citizen participation and the organization of state and local groups to make this possible. The National Council of

State Committees on Children and Youth (a permanent organization growing out of the 1950 Conference) has been designated by the National White House Conference Committee to work with it in this project. Two other national groups have a special relationship to the National White House Conference Committee, the Council of National Organizations and the Federal Interdepartmental Committee on Children. As in former years the White House Conference leadership is placing special emphasis upon the importance of follow-up. There is every reason to think that the consideration of thousands of citizens in preparing for this Conference, which will culminate in the Conference itself in March 1960, will have far-reaching implications for the well-being of children during the next ten years.

AGENCIES' LEADERSHIP

A number of national voluntary agencies have played a significant role in leadership in child welfare activities through the provision of advisory services, surveys and studies, workshops and conferences, development of standards, and publication of informational materials and action directed at obtaining legislative changes.

The American Public Welfare Association, although concerned with all aspects of public welfare, has a specific interest in public child welfare programs. It assists in the effective administration of welfare services by providing technical, consultative, and advisory services to legislative and administrative authorities. It acts as a clearing house for exchange of thought and experiences in public welfare, and carries on an extensive legislative program and legislative service in Washington, as well as holding regional and national conferences periodically.

The Child Welfare League of America has as its purpose the elevation of standards of service for child protection and care in children's agencies, institutions, day nurseries, and community programs through cooperation with governmental departments of child care, publications, information exchange, loan libraries, record forms, case record exhibits,

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field consultation, regional conferences, and legislative activity.

The National Child Welfare Division of the American Legion works to assure that adequate care, training, and protection is provided for all children and particularly the children of veterans. It does this by informing its members of needs and by enlisting their support in meeting them, both directly and through the enactment of legislation. It cooperates with local child caring and protective agencies and helps guide its own members in their volunteer activities.

The National Probation and Parole Association provides services in the field of delinquency and correction. Its primary purpose is to improve standards and services in probation and parole, juvenile detention, and juvenile and domestic relations courts. It makes studies and assists in programs for the prevention of delinquency, conducts surveys, and carries on campaigns for legislation and improved administration.

The Children's Division of the American Humane Association is dedicated to the purpose of promoting more and better child protective services throughout the country. It gives consultation, assists in formulating standards, and issues publications. This organization has been taking an increasingly active role in leadership in protective services since 1950.

The National Council of State Committees on Children and Youth, which grew out of White House Conference activities, is made up of representatives of citizen groups in the states. It is dedicated to the stimulation of community action on behalf of children. It is playing an active role in encouraging community organization activities in the states and is currently cooperating extensively with the White House Conference.

INTERNATIONAL CHILD WELFARE

Many organizations have been making outstanding contributions to the welfare of children throughout the world—the World Health Organization, Food and Agriculture Organization, International Union for Child Welfare, United Nations Children's Fund,

International Social Service, and the International Cooperation Administration of the U.S. Government. For a discussion of their programs see INTERNATIONAL SOCIAL WELFARE.

CONCLUSION

A view of activities in the field of child welfare seems to bring out certain emerging trends. Among them are the following:

Increased concern with children in their own families and with efforts to strengthen these families.

An emphasis upon applying service earlier to troubled family situations; thus preventing problems.

More recognition of the delinquent child as a child welfare concern, and a strengthening of services aimed at prevention and treatment of delinquency.

Accelerated efforts to devise new and different approaches to the problems of children.

Increased community organization activities on behalf of children.

Although these trends would seem to be in the direction of meeting more effectively the needs of children in this period, some are just emerging. All of them lack much by way of accomplishment and they point the way for much further application of effort. Underlying the successful carrying out of all these movements, however, is the necessity for more and more competent personnel and more and more intelligent, courageous citizen leadership.

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MAURICE O. HUNT

CITIZEN AND VOLUNTEER PARTICIPATION IN SOCIAL WELFARE.

Citizen and volunteer participation in both official and unofficial public service in the United States has a history as old as the history of our country. The record of these two manifestations of the tradition of public service is essentially indivisible and no doubt will remain so as long as our society is dynamic and free.

It is said that there have always been volunteers in social welfare. Certainly the pioneers in this field who preceded the professional in all recognized social work activities saw needs for service and proceeded to meet those needs either personally or through an existing organization of official or unofficial character. In a sense they were the keepers of the public conscience, dedicated to the amelioration of human suffering and the righting of human wrong.¹

The efforts of these volunteers in the last half of the nineteenth century resulted in the establishment of organized health and welfare agencies. As they saw the magnitude of the needs for manpower in health, welfare, and recreation services they came to realize that it was not enough to have regularly employed staff but that this staff must be professionally trained. As a result of the subsequent growth.

¹ *A Volunteer Bureau Handbook*. Community Chests And Councils Of America, Inc., New York. Bulletin No. 168. September 1952. P. 1.

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of a professionally trained staff in casework, group work, and community organization, the volunteer frequently came to find himself limited to fund-raising or board and committee service, with little or no contact with the recipients of service. With social work firmly established as a profession today, volunteers now practice in the social work field under the supervision and training of professional personnel. There is a steadily growing recognition of the importance of having volunteers to complement the work of trained staff, to keep the agency sensitive to local needs and opinion, and to interpret the agency to the public as well as to the agency clientele.

In the 1930's a number of national agencies along with the Association of Junior Leagues of America took the lead in clarifying the role of the volunteer. In 1933 the National Committee on Volunteers in Social Work was formed with volunteers and professionals working together to stimulate and improve volunteer service.

Association of Volunteer Bureaus

The Association of Volunteer Bureaus, the current national agency in the field, had its origin in the National Committee on Volunteers in Social Work which, though organized in 1933 as an independent group, had a relationship to the National Conference of Social Work. The work of this committee was largely taken over in 1943 by the Office of Civilian Defense. In 1944 it was disbanded, becoming the nucleus of the Advisory Committee On Volunteer Service of Community Chests and Councils of America, Inc. In 1945 the name of this group was changed to the Advisory Committee On Citizen Participation. This committee continued until 1957 under the joint sponsorship of the National Social Welfare Assembly and United Community Funds and Councils of America, Inc.

In 1957 the Advisory Committee on Citizen Participation was dissolved and the Association of Volunteer Bureaus, a membership group of central volunteer bureaus, was formed. This Association, a professional conference-type group, is related to the National

Advisory Committee on Community Planning of United Community Funds and Councils of America, Inc., through its elected chairman and a lay member of the executive committee. The purpose of the new Association is to provide the channel whereby volunteer bureaus can plan and develop program for national or regional workshops and institutes for volunteer bureau leadership (lay and professional) and to provide opportunity for work and study on matters pertaining to volunteer services in the health, welfare, cultural, civic, and educational fields.

Activities under the Association of Volunteer Bureaus have been as follows: (1) It published in January 1959 a revised handbook on Bureau operation, *The Volunteer Bureau*, which offers, in succinct form, adequate instruction on the organization and operation of a bureau. (2) It developed, in cooperation with the Research and Statistics Department of United Community Funds and Councils of America, a volunteer bureau annual report form. (3) It has summarized and distributed to bureaus and other interested persons an analysis of these annual reports. (4) It publishes *Volunteer Viewpoint*, a quarterly newsletter of volunteer activities. (5) It has sponsored annual workshops in conjunction with the National Conference on Social Welfare, and two regional workshops. (6) It has published annually the Proceedings of the annual workshops.

An informal committee representative of district community councils conducts periodic workshops around the problems and processes of developing citizen participation in the civic and social problems of the neighborhood or district. In uneven numbered years the workshop is held in conjunction with the National Conference on Social Welfare and is primarily for professional personnel engaged in district council work. In even numbered years a workshop featuring lay leadership at the neighborhood level is held.

Jobs Being Done By Volunteers

In group work and recreation agencies volunteers serve as group leaders, arts and

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crafts instructors, camp counselors; supervise and teach all kinds of sports; supervise outdoor activities; and engage in story-telling and the many other activities that go into the programs for young people.

It has been demonstrated that many social agency jobs formerly assigned to professionals can be done by properly trained and supervised volunteers. In family and child care agencies volunteers provide service as case-work aides, escort children to clinics or doctors offices, tutor children unable to attend school, act as friendly visitors, act as interpreters and expert shoppers, and do numerous other things which supplement the services of the trained professional.

In the field of community organization, volunteers carry important responsibilities on fact-finding and study committees to help determine the social welfare needs of the community; work as publicity aides; serve as volunteer recruiters for foster parents and for homes for dependent children; assist in organizing public forums for the interpretation of social welfare problems; and serve on citizen committees to improve the quality and to raise the standards of welfare services.

Volunteers serve the hospital patient who, in addition to requiring the attention of the doctor and nurse, often needs companionship, recreation, or even someone to do errands for him. The snack bar and reading room at the military base are important services that can be run by volunteers under professional supervision. Volunteers in unions are being trained by staff workers from local health and welfare organizations as counselors for fellow union members, and thus provide liaison between local agencies and union members. Volunteers give help with all media for public interpretation of health and welfare services, ranging from the volunteer who gives a five-minute talk to clubs to the newspaper man who writes publicity for a campaign. Volunteers may spend a few hours a week typing, sorting mail, answering the phone, filing, or doing other clerical tasks. Fund-raising suits some volunteers who enjoy using their initiative and ingenuity in devis-

ing stunts, special events, and other methods to help achieve the campaign goal.²

Executives from both management and labor are often loaned to work for united funds and community chests during their fund-raising campaigns. Usually they help set up and coordinate campaign solicitation plans, meeting with top executives in business and industry and with owners of small stores. Duties vary, however, and sometimes include help in campaign offices, in public relations, and in other specialized parts of the campaign. See UNITED FUNDS AND COMMUNITY CHESTS.

Recognition of the important role which the labor movement could play in the whole area of community organization for health and welfare led, in 1946, to an agreement between two labor organizations, AF of L and CIO, and Community Chests and Councils of America, Inc., which resulted in the establishment of a Labor Participation Department in the last-named organization. The ensuing years saw the development of a concrete program that had as its end result a fuller participation in local councils and in community life by the leadership and membership of the movement.³ With the assistance of the national labor staff and the help of local labor staff in many cities throughout the country, labor union members have made a tremendous contribution in a great many services in the health, welfare, and recreation field, including voluntary service in campaigns and in agency board and committee service. See LABOR AND SOCIAL WELFARE.

Parents Groups

A comparatively recent development in the field of volunteering in social welfare is the emergence of parents groups formed around a desire to understand, and to alleviate or secure better treatment for, some handicapping condition in their children. Three

² See Glasser, Melvin A., "Volunteers In Social Welfare" in Harper, Ernest B. and Arthur Dunham, eds., *infra*, pp. 498-9.

³ See AFL-CIO Community Service Activities, *infra*, p. 1.

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agencies will serve to illustrate this development.

The parents of cerebral palsied children organized as early as 1938 in California. As a result of this and similar local expressions of concern, the National Society for Crippled Children and Adults organized a cerebral palsy division in 1946. In the same year the American Academy for Cerebral Palsy was established. In 1948, the National Foundation for Cerebral Palsy was organized, starting to function a year later under the name, United Cerebral Palsy Associations, Inc. The concern of parents was reflected not only in the formation of the voluntary agency, but was closely related to the beginnings of interest on the part of the federal government. In March 1947 the Children's Bureau held a conference on cerebral palsy in Washington, which brought together from all parts of the country those individuals who had shown an interest in the problem. The purpose of the conference was to formulate principles and policies for the development of services to the cerebral palsied. Prior to these developments the problem of cerebral palsy had received little attention from professional workers or the public at large.⁴

The League for Emotionally Disturbed Children, Inc., now known as the National Organization for Mentally Ill Children, Inc., was formed in 1951 by a group of parents, with the help of professionals, who keenly felt the need for an organization devoted exclusively to the problem of childhood mental illness. Since that time parents of these children, serving as volunteers, have continued to be actively involved in all phases of the organization's work and have played a key leadership role both at the national and the local chapter level. Neither the national organization nor its local chapters directly operates any service projects or facilities for these children. For this reason there is no program for parents of a direct service nature.⁵

A significant movement which has gained

strength rapidly in the past few years is the organization of parents groups for the mentally retarded. Though it may be true, as has been said, that "the most important result is the effect which such groups may have on the parents themselves,"⁶ nevertheless a review of the kinds of activities in which the parents engage easily qualifies them as constructive volunteers in the welfare field. There is acknowledged need for parents' groups to work with the aid of a professional person trained in the field of mental deficiency, and there is a great range in the number and type of activities which can be carried on by such a group, among them the following: (a) through all media at the disposal of the group, authoritative information can be given so that there will be a wider understanding of the problem of retardation; (b) a newsletter may be published for the benefit of the members, giving accounts of activities of the group, future plans, items on new developments in the field, or any other material of interest; (c) the group may take responsibility for setting up new facilities, or underwrite them; (d) it may aid in expansion of special class facilities; (e) it may study the local and state facilities for residential care of the mentally retarded; (f) it may visit the residential facilities to become acquainted with the needs; (g) it may provide special facilities to make services more readily available, such as transportation or special equipment; and (h) it may encourage and support research in mental deficiency.⁷

Volunteer Service On Boards, Committees, and Direct Service

The total number of laymen active to some degree in "humane causes" of all kinds has been estimated at 20 million by Clarence Hall, writing in the Reader's Digest in 1955. Mr. Hall states that they "outnumber professionals about 250 to 1." There are 2 million volunteers in the National Foundation⁸ and a like number in the American Red Cross, with many more in other agencies and or-

⁴ See, Messner, *infra*, p. 3.

⁵ Freeland, Michael. Letter of June 19, 1959, to the author.

⁶ See State of New Jersey, *infra*, introduction.

⁷ *Ibid.*, pp. 9-10.

⁸ See Glasser, *op. cit.*, p. 496.

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ganizations. The plain fact is that no one knows how many volunteers there are, but they are of overwhelming importance in a great multitude of organizations. Our religious institutions, political parties, service clubs, and educational, social, and professional societies depend on them. Millions are centered in our health and welfare agencies. The United Community Fund and Councils of America estimates a total of 17,000,000 volunteers active in councils, funds, and chests and the agencies which are benefited by their campaigns—in which 3,300,000 serve annually. Any count by the agencies would produce tremendous duplication.

In a recent study of 2,136 boards and board members of health and welfare agencies, the Research and Statistics Department of Community Chests and Councils of America found the following with respect to those boards studied: (1) Voluntary agency boards averaged 23 members while public boards averaged 8 members. (2) Men were much more numerous on boards than women, although in chest-affiliated agencies (excluding chests, funds, and councils) 42 per cent of the members were women. (3) About two-thirds of the total board members came from two groups—employer and executive, and professional. (4) Five per cent of all voluntary agency board members were non-whites. (5) About twenty-five per cent of the voluntary agency board members are of the Catholic or Jewish faith. (6) Public agency boards, which usually are relatively small, showed the highest percentage of attendance at board meetings, though 50 per cent of the voluntary agency boards had an average attendance of at least 60 per cent.⁹

It is assumed that voluntary agencies without their volunteers, including their boards, would soon wither and disappear. No such unanimity of understanding is found with respect to the importance of the public welfare boards, though their use is widespread. The American Public Welfare Association continues to advocate their use and in 1954

published a statement on the place and use of citizen boards and advisory committees in public welfare in which the following appears: "Public welfare programs function within the framework of governmental authority and depend upon the tax dollar which everyone must pay. Because they are designed for the protection and well-being of people, all citizens have a stake in these programs. Since they are related to varied and changing aspects of our society, citizens must participate with administrators in formulating public welfare policies which meet current needs and in determining the methods for attaining stated objectives."¹⁰

A significant development in recent years has been the increase in the number of volunteers in public welfare departments, mental hospitals, child care services, and institutions of all kinds. One of the examples that has come to attention is the Department of Public Welfare of the District of Columbia, where, as a result of a two-year demonstration project by the Junior League, a full-time trained coordinator of volunteers, first provided by the League, was at the end of the demonstration period included on the departmental payroll. Through this service the department was able to (a) develop for all divisions a carefully thought out, planned policy statement, (b) work out relationships with the volunteer bureau regarding the departmental program, and (c) set up standards of screening and program for both volunteers and staff.¹¹

One of the major activities for volunteers in public welfare is the "friendly visitor" program established in old-age assistance divisions. The volunteer friendly visitor serves under the general direction of a caseworker or supervisor. His major responsibility centers around providing services on an individualized basis to clients who are old, chronically ill, handicapped, or lonely. After establishing a friendly, meaningful relationship with the individual, the friendly visitor

¹⁰ See American Public Welfare Association, *infra*.

⁹ See Community Chests and Councils of America, *Boards and Board Members of Health and Welfare Agencies (infra)*.

¹¹ See "The Volunteer In the Public Agency" in United Community Funds and Councils of America, *Volunteers Today and Tomorrow (infra)*.

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makes calls and performs small services such as letter writing, shopping, taking clients for rides, teaching a new skill, sharing a mutual interest, or remembering the individual on such special occasions as birthdays and holidays. The friendly visitor functions at all times within the casework plan for the individual.

Volunteer bureaus have increasingly been concerned with the utilization of school and college age volunteers. Their use has not only benefited the agency and client but the youth themselves, in learning about their community and the assumption of community responsibilities in a democratic society. They assist in interpreting the agency to the community, and likewise carry back to the agency the community's attitude regarding the services to the agency. In at least one city the following reasons for college students volunteering have been found: (a) to explore possible vocations, (b) to have a laboratory for their social studies, (c) to serve out of a desire to fulfill religious obligations, and (d) to gain a new experience.¹² Chests, funds, and councils over the country are working increasingly with school authorities and school age youth with the realization that today's students are tomorrow's leaders.¹³

Current Developments and the Future Volunteer

Services in social welfare to a considerable degree reflect the crises of our society, whether they be due to war or the phenomenon of the peace-time population explosion. Dr. Philip Hauser sees the following as some of the problems ahead for agencies and volunteer bureaus: (1) There will be an increase in case loads and in health and welfare problems but a decrease in the supply of volunteers. (2) If present levels of service continue, services will have to expand between 33 and 75 per cent in order to accommodate the increase in population in the next 25 years.

¹² See "Values In Student Volunteer Programs" in United Community Funds and Councils of America, *Volunteer Service* (*infra*).

¹³ See United Community Funds and Councils of America, Inc. *Students Today, Community Leaders Tomorrow* (*infra*).

(3) Agency case loads will increase and the problems they deal with will be more severe. (4) Between 1955 and 1975, volunteers will have decreased 20 per cent just when the needs are greater and the problems more difficult; this is because there will be a decrease in the number of women between the ages of 25 and 65 years.¹⁴

Needless to say, these conditions are already challenging the ingenuity of social agencies to develop and maintain good volunteer programs. Agencies and bureaus will continue to explore age groups under 25 and over 65 years for material to meet the predicted shortage. The use of the retired worker, the increased utilization of men as service volunteers instead of falsely assuming that such work is "women's work," will go far to meet the future needs. More emphasis will have to be given to improved recruitment techniques and the better utilization of groups.

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CIVIL RIGHTS AND CIVIL LIBERTIES

followed an uneven line of development in the biennium 1956-1958. Both advance and setback were experienced in the areas of freedom of expression, due process, and equality before the law. These individual rights, whose spirit was first stated in the Declaration of Independence and later was firmly imbedded in the Constitution and its Bill of Rights, form the legal underpinning of American freedom. Legislative action, judicial decision, and public respect for and observance of these rights have not only enlarged the legal protections of freedom but have given fresh meaning to the spirit of freedom which is ultimately the source and best guarantee of American democracy.

If we imagine the civil liberties structure as a triangle, we can ascribe to one side freedom of speech, association, and assembly—rights set forth in the First Amendment of the Constitution; to another side, due process—fair trial, such rights as denial of unreasonable search and seizure, protection against double jeopardy, excessive bail, forced self-incrimination, and the guarantee of right to counsel and jury trial, based on the Fourth, Fifth, Sixth, Seventh, and Eighth Amendments; and to the third side, equality before the law—non-discrimination on grounds of race, color, religion, ancestry, or national origin, guaranteed by the Fifth, Fourteenth, and Fifteenth Amendments.

The first two sides of the triangle, freedom of speech and due process, are the product of centuries of human endeavor to make government respect certain inalienable rights of man. The incorporation of these natural rights legally into national and state constitutions was the prize for which the individual fought against governmental tyranny and oppression.

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The third side, non-discrimination, which popularly is termed "civil rights," no less represents man's struggle to have his individual dignity and merit recognized and respected. If there is any difference between this and the first two sections of the triangle it is that "civil rights" are regarded not only as freedoms which government may not deny but as freedoms which government has the responsibility to defend and expand.

CIVIL RIGHTS

The national drive to square the American idea of equality with everyday practice, which had picked up real momentum in the post-World War II period, is still regarded as one piece of American democracy's unfinished business. The slow, sometimes tortuous, course of democracy in correcting its own evils was speeded up in the first phase of this campaign, between 1945 and 1953. A great deal of permanent and meaningful progress was recorded by court decisions, Presidential orders, state and municipal laws, and the simple recognition by more and more citizens that discrimination and segregation are morally wrong and, from a practical point of view, are a heavy albatross around the neck of American foreign policy. However, this advance was matched by the realistic conclusion, based on the deep-rooted prejudice and fear of those Americans who balk at giving minority-group members their constitutionally guaranteed right of equality, that the road to achievement of equality would be both rocky and long and one over which much social conflict would be waged.

The 1956-1958 biennium showed clearly the marks of the social stress which American society is experiencing in the effort to end discrimination and segregation. While the firm position taken by the federal courts and Congress' adoption of the first civil rights legislation since 1875 were rightfully hailed as major gains, the blunt fact is that bitter, almost fanatical, resistance to the Supreme Court's 1954 and 1955 decisions ruling segregation in public education unconstitutional, created serious discord in Southern states. The most ugly manifestation of social con-

flict, violence, was seen in this strife. Schools, religious institutions, and private homes were the targets of a pattern of violence that vividly illustrated the obstacles on the path to orderly progress.

As the new biennium began there was growing evidence of a breach in the solid segregation wall that some Southern political leaders and their rabid followers had built. However, before this point had been reached, the conflict reinforced existing opposition and provoked, for the first time since the Civil War, the use of federal troops against a Southern community.

Public School Desegregation

The spotlight of resistance to the Supreme Court's decision that public school segregation was unconstitutional *per se* in violation of the Fourteenth Amendment's "equal protection of the laws" was trained on Arkansas and Virginia.

Before the 1957 school year began in Little Rock, Arkansas, what was expected to be a smooth transition from the previously segregated pattern to a first-step desegregation plan—in line with the Supreme Court's decree of good faith and no unreasonable delay—exploded into controversy. Governor Orville Faubus, in a move which now has been accepted generally as a political stratagem for winning a third term, announced that the threat of violence made it necessary for him to prevent segregation at Central High School. Defying a federal court order directing the admission of nine Negro children to the school, Governor Faubus' action provided a major test of state *versus* federal authority. A similar test arose in Virginia when Governor J. Lindsay Almond met the challenge of a federal court order requiring the admission of 22 Negroes to an all-white high school in Front Royal by a "massive resistance" legislative program; the key part of the package was a law giving the governor power to close public schools to avoid desegregation. There ensued in these states a succession of dramatic events which cannot be reported here in detail because of space limitations. However, as the 1959-1961 biennium

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opened, court decisions in both states struck at the resistance laws and some measure of desegregated schooling began.

When the 1958-1959 school year opened, a survey of desegregation in education in the 17 Southern and border states and the District of Columbia showed no desegregation at all in six states, namely, Alabama, Georgia, Mississippi, South Carolina, Florida, and Louisiana (the last two states did allow the first Negro students to enter their state universities); total desegregation in West Virginia and the District of Columbia; and partial desegregation in ten states, namely, Arkansas, Delaware, Kentucky, Maryland, Missouri, North Carolina, Oklahoma, Tennessee, Texas, and Virginia. The amount of desegregation varied sharply in these ten states (95 per cent of Missouri's Negro children were in districts that had begun or completed desegregation, while in North Carolina token desegregation has begun in only three cities). As the 1958-1959 school year ended, approximately 450,000 Negro and 2,250,000 white pupils were in "integrated situations" in 742 desegregated school districts.

Southern legislatures continued to enact legislation to circumvent school desegregation through various devices such as turning the public school system over to private groups, directing tuition payments to parents, and pupil placement tests. The Supreme Court ruled that the Alabama statute empowering the school authorities to assign pupils according to various criteria was not unconstitutional on its face, but might be found so if it was applied in a discriminatory manner.

Intimidation and Violence

Strong expressions of deep-rooted feeling against school desegregation—harassment, intimidation, and violence—rose markedly. The chief object of this anger continued to be the National Association for the Advancement of Colored People (NAACP) whose leadership of the Negro people in the civil rights struggle has won such outstanding victories in the courts, although non-NAACP

groups were also affected—mainly by statutes requiring the registration of organizations and the listing of their members and financial contributions. The plethora of laws that have been passed to cripple the NAACP run the gamut from penalties on public employees retaining NAACP membership to prohibitions on advocacy of NAACP policies and the ever-present legislative committee investigation. Such legal maneuvers as the levying of heavy financial fines for refusing to turn over membership and financial records are also used, although the Supreme Court, in a ringing defense of the right of association, reversed a \$100,000 contempt fine imposed by the Alabama courts on the NAACP. The racially prejudiced White Citizens Councils continue to spearhead both legislative and community opposition to desegregation, through increased economic pressure and stepped-up propaganda efforts.

As the lines of resistance hardened, violence, the most repulsive evidence of prejudice, broke out, including several attacks on synagogues that disclosed a link between anti-desegregation and anti-Semitism. Forty-five bombings of churches, synagogues, schools, and other property were reported in 1957 and 1958, mainly in the South, leading to the introduction of federal legislation which would bar the interstate transportation of explosives and combustibles where the intent was to use them to violate federal or state law. The bill would also allow the FBI to enter the state's jurisdiction and investigate bombing incidents. In a widely-publicized case four men were charged with the bombing of an Atlanta synagogue. Although the case was vigorously prosecuted the first defendant was acquitted, after which the other three cases were dropped.

The extent to which intimidation and violence have infected the states battling desegregation is seen in a report published by the American Friends Service Committee, the National Council of Churches, and the Southern Regional Council. In the 1955-1958 period, the report describes 530 cases of racial violence, reprisal, and intimidation in 11 Southern states.

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Efforts to Improve Intergroup Relations

While the rate of progress of the desegregation campaign was unsatisfactory and roadblocks stood in the way, positive forces were actively seeking to smooth the path to acceptance of the Supreme Court's decision and improve intergroup relations. *See* INTERGROUP RELATIONS. The unquestioned leaders of this movement were the churches. Leading denominations of the Protestant church more and more spoke out against segregation as inconsistent with and directly opposite to the tenets of the Christian faith, and the Catholic Bishops in a vigorous statement of the National Catholic Welfare Conference took an equally strong stand. Most significantly, such expressions were heard in the South itself, although the strong dissents registered by some Protestant congregations, resulting in some ministers' forced resignations, were a sign of the obstacles still to be overcome.

The emphasis in Southern church statements in the 1956-1958 biennium was a plea to eschew violence, to uphold the law, to respect freedom of speech, and to maintain communication between people; and, with direct reference to the school crisis, to uphold the public school system. The statement of 312 white Protestant ministers and Jewish rabbis in Atlanta struck this note and was supported, in general, by the Roman Catholic Bishop of the Atlanta diocese. To religion's moral force was added the temporal need for economic advance. More evidence was seen of the concern of Southern business interests that separate educational facilities would place heavy tax burdens on local communities and that the drive for Southern industrialization would be hampered if the social tension frightened outside industry from settling and expanding in Southern regions. A prime example was the loss of five new plants with a total value of \$1 million dollars to Little Rock because of the unrest there.

The third group whose support is needed to achieve acceptance of desegregation,

namely, labor unions, continued to back the drive on the national level through resolutions and speeches of labor leaders; but on the local scene unions, in the main, represented the intransigency of their own communities.

Civil Rights Legislation

As the battle lines drew tighter on the state and local level, the national legislative front reflected the growing demand that the federal government take strong steps to increase equality. This chorus of protest resulted finally in the passage of the Civil Rights Act of 1957, the first national civil rights law passed since 1875. The main thrust of the law is the provision giving the federal government the power to protect the right to vote in a federal primary or general election by bringing a federal court suit to prohibit interference with that right. A broader section empowering the federal authorities to enjoin violations of other civil rights as well—which would include segregated education—was cut out of the original bill after the Southern bloc labeled it a “force bill” which would impose school desegregation by the use of federal troops. The other main section of the law sets up a Federal Civil Rights Commission which is authorized to investigate sworn complaints of denial of voting rights based on race, religion, or national origin, to “study and collect information” relating to legal developments which would deny “equal protection of the laws,” and to evaluate the laws and policies of the federal government in this field. Considering the rigid opposition to any federal civil rights legislation in the past 80 years, the 1957 law must be viewed as a major triumph. As with any law, its effectiveness will depend on the vigor with which it is enforced. The Department of Justice indicated it meant business by filing several suits in behalf of Negroes in Alabama and Georgia who alleged that local registrars would not permit them to register. Unfortunately, the Alabama suit was dismissed because the defendant Board of Registrars had resigned, and the

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government moved to cite the state of Alabama as the defendant. The Georgia suit was voided on the ground that the 1957 law was unconstitutional because it would allow the Justice Department to move against private citizens even though the particular case being prosecuted concerned "state action." Both of these cases are being appealed. In a third action, the government filed suit in Louisiana against the purging of Negro citizens from the voting roster after the White Citizens Council exerted pressure.

Prior to the adoption of the 1957 civil rights law, a major effort was made in the Senate to crack the filibuster system, the parliamentary mechanism which has struck down so many civil rights bills in the past. A key decision was made by Vice President Nixon that while the Senate is a continuing body, no previous Senate could deny to any future Senate "the power to exercise its constitutional right to make its own rules." When the 86th Congress convened in 1958, an all-out drive was conducted to change Rule 22 which has made the filibuster possible. A small change in the rules was won, but the full power of the filibuster barrier remains. The problem of Congressional obstructionism was highlighted by the ever-present argument over anti-segregation riders to bills. The failure to pass civil rights measures produces the effort to achieve the same result through amendments to other bills, especially bills in the education and housing fields. Four riders to such bills were defeated either in committee or on the floor of Congress in 1957 and 1958.

The political incentive of winning the Negro vote attracted both Republicans and Democrats in the 86th Congress, but the first session ended without any major action being taken. However, the life of the Federal Civil Rights Commission was extended for another two years. The Commission, in its first report, stated that Negroes were denied the right to vote and suffered discriminatory treatment in both education and housing. Among its proposals were the appointment of temporary federal registrars where state officials refused to register persons because of race, color,

religion or national origin; withdrawal of federal financial aid from educational institutions which practice discrimination; and a clear executive order supporting non-discrimination in all federal housing programs.

The civil rights campaign attracts the greatest attention in the South, where the strife makes newspapers headlines. But it would be a mistake to think that the segregation-discrimination problem is confined to that region. Every analysis made of civil rights needs points to the problem being national rather than sectional. A group of Negro parents in New York City, considered one of the nation's enlightened areas in racial affairs, went to court to change what they consider to be segregated schooling. The fact that the Superintendent of Education announced plans for the rezoning of school districts to break down the segregated pattern, which is based on segregated housing, indicates that there is some basis for the parents' complaint, although a final decision rests with the courts. The NAACP, the National Urban League, and other civil rights groups have continued to attack other forms of discrimination north of the Mason-Dixon line.

Discrimination in Housing

The enlarging target has been discrimination in housing, which has become more clearly seen as the heart of the segregated school problem. No matter what the courts decree, educational segregation is enforced by residential segregation. As Negro migration from the South to Northern cities and the companion flight of urban whites to the suburbs continue, new "ghettos" are springing up.

The federal government, which could provide leadership for the desegregation drive by insisting on an open-occupancy policy in its numerous housing programs, still falters. This failure is etched sharply in this summary: 80 per cent of all federal public housing is segregated; less than 1 per cent of FHA-supported developments are available to minorities, with a heavy proportion of the 1 per

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cent in segregated developments in the South; over 60 per cent of the families displaced by the urban renewal program are non-white, and many of the renewal projects are segregated.

The federal government's responsibility was pinpointed in the recommendations of the Commission on Race and Housing, an agency sponsored by The Fund for The Republic. This group urged that a Presidential commission be created to work for the elimination of discriminatory housing in federal housing and urban renewal programs, and recommended a clear-cut statement of federal policy that all citizens are equally entitled to access to all government-aided housing. *See HOUSING AND PLANNING.*

That greater and faster progress would be recorded on the state and local levels was seen in the legislative victories scored during 1956-1958 and the early part of 1959. The most important breakthrough came in private housing where four states—Colorado, Connecticut, Massachusetts, and Oregon — and two metropolitan centers — New York City and Pittsburgh — placed on their statute books laws banning discrimination in the sale and rental of private housing. The statutes differed as to coverage; for example, Colorado's broad law exempts only owner-occupied units, while New York City's ordinance includes all private dwellings of three or more units and housing developments totaling ten or more homes. What is significant is that in an area as sensitive as private housing, where the individual's freedom not to associate is pitted against the freedom of non-discrimination, the experiment of legal enforcement of non-discrimination is under way. Past experience shows that successful state experiments in the race relations field give other states the heart to follow the lead.

Massachusetts, New Jersey, Oregon, and the state of Washington passed laws barring discrimination in the sale and rental of publicly assisted housing. The last three states made no reference to the size of the development concerned or the date it was constructed, a change from legislation adopted earlier in other states where such qualifica-

tion indicated the uncertainty of the principle's acceptance. California enacted a law prohibiting discrimination in publicly aided housing, but it was limited to multiple dwellings of three or more units and developments of five or more houses built with government-backed mortgages. Fifteen states have now enacted laws barring discrimination in all or some phase of publicly assisted housing.

The first litigation challenging segregated publicly aided housing was successful. A New York state court approved the state law banning racial or religious discrimination in publicly assisted housing. The defendant landlord, who admitted the discriminatory treatment and sought a constitutional test of the law, threatened to appeal to the federal courts, but he finally capitulated and promised to rent apartments in his development to Negroes. In California a state court upheld a complaint that real estate developers were refusing to sell homes to qualified Negro applicants even though the developments were in FHA- and VA-assured subdivisions. The court said that when Congress passed laws to stimulate housing construction it was prohibited by the "fundamental law" from differentiating between the two races. Private large-scale developments were also involved in controversy. The Pennsylvania courts validated an injunction obtained by the state attorney general enjoining troublemakers from interfering with or harassing Negro residents of the Levittown development. The development had been the scene of rioting by a small group of residents who opposed a Negro family's purchase of a house. The new Levittown in southern New Jersey came in for strong criticism when its builders announced that Negro homeowners would be barred. A lower state court upheld a suit claiming that the state's anti-discrimination housing law applied to the development.

Fair Employment Practices

The Congressional barrier to civil rights advance continued to block fair employment practices (FEP) legislation. An alliance of Southern Democrats and conservative Republicans have long prevented passage of a

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national law; so effective is this coalition that the few bills on the subject that were introduced were recognized as token measures offered mainly for political purposes. The high employment level stemming from the nation's economic prosperity also handicapped the FEP movement, although the recession showed that in periods of economic stress Negro unemployment would be heavy.

However, the Congressional blockade did not prevent further gains on the state and municipal levels. California and Ohio became the 15th and 16th states, respectively, to adopt FEP laws. San Francisco entered the ranks of major cities to adopt an FEP ordinance, and Canton, Ohio's, approval made it the 42nd city in the nation to come within the FEP fold. Now more than one-third of our population live in areas covered by state or local FEP laws. Significantly, Washington, D.C., where the influence of Congress' Southern bloc is great, nonetheless established a Council on Human Relations to promote good intergroup relations and help secure non-discriminatory clauses in all business contracts entered into by the District government.

A tightening up of existing FEP laws was accomplished in New York State, where apprenticeship training programs were included; in the state of Washington, where prohibition of discrimination in labor unions was extended from the present membership to the admission of members; in Colorado, where stronger enforcement powers, paralleling those of other states, were voted; and in Wisconsin, where power to enforce the statute was enacted. The Wisconsin statute's change flowed from a court case where a bricklayer union's discrimination against Negroes was found illegal but no relief could be given because the Wisconsin FEP law contained no enforcement provision.

Labor unions continued to show progress, under constant prodding of their top officials. A Cleveland local of the International Brotherhood of Electrical Workers for the first time admitted Negroes to membership, after the international union president, the national AFL-CIO, and the Cleveland Community

Relations Board had all exerted their influence. The Michigan Fair Employment Practices Commission settled the largest racial discrimination case in its history: 22 Negroes would no longer be discriminated against in job referrals by a local of the hod carriers union. Another step forward was seen in the agreement signed by the United Auto Workers (UAW) and the National Urban League establishing procedures for resolving cases of racial discrimination in all plants where the UAW had collective bargaining contracts. Hailed as a "voluntary" FEPC, some 200,000 workers will be covered.

Federal Administrative Efforts

On the federal administrative level the bright hopes held out for the two Presidential committees working in this area were not illuminating the scene very well. The President's Committee on Government Contracts continued its efforts to assure non-discrimination in employment by companies receiving government contracts. The tool used in this drive continued to be education, both (a) conferences with industrialists, labor leaders, and state and local fair employment practices agencies, and (b) broad appeals to the public. Public support was solicited through the mass media, and mayors and governors were urged to declare Equal Job Opportunity Week. An examination of employment practices of 500 businesses holding government contracts disclosed that while progress is being made in production work and skilled trades, white collar groups—particularly professional, technical, and clerical jobs—lag behind.

The Committee on Government Employment Policy was set up to promote non-discrimination in federal employment. While the Committee pronouncements repeated the government's adherence to a non-discrimination policy, its critics, particularly the NAACP, regarded its progress as snail-like. The agency was charged with timidity in implementing its pledge, especially in the South, where it was alleged that Negroes—outside of certain military installations—were hired for menial jobs and rarely upgraded.

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The Committee acknowledged that advance is slow, but said that definite gains are being made.

Both of these federal agencies face a basic problem in implementing civil rights—their weapons are persuasion and education rather than legal enforcement. Bereft of power to make non-discrimination mandatory, the Committees limp along, although many observers believe that vigorous and determined application of their limited power would lead to meaningful gains.

Discrimination in Public Accommodations

A combination of favorable federal and state court decisions and positive state legislative and administrative action paved the way to further advance in the area of public accommodations. Underlying this official conduct was the quiet determination of Negro people, mainly in the South, who regard equal access to public facilities as a chief objective in the equality campaign.

The full thrust of the Supreme Court's 1956 ruling that its school desegregation decision applied to public accommodations continued to be felt. The courageous boycott of discriminatory bus transportation by the Negro community of Montgomery, Alabama, sparked by Negro ministers, was finally won, despite a flurry of legal maneuvers by city officials to circumvent the Supreme Court ruling and the intimidatory bombing of Negro churches and ministers' homes. After some initial friction, few incidents were reported on the buses.

The spark ignited in Montgomery spread to other cities. In Florida, Negroes in Tallahassee, despite the outbreak of violence, and in Miami, where no violence occurred, won their fight for desegregated bus transportation; a similar victory was scored in New Orleans. Even in Georgia, a bastion of Southern segregation, a group of six Negro ministers in Atlanta began an attack on bus segregation. They were arrested and subsequently indicted for violating the state segregation law.

In other public accommodations, the federal courts continued to back up the Supreme

Court's basic desegregation ruling. In many Southern cities these courts extended the constitutional mantle to public parks, swimming pools, and golf courses. But municipal officials did not always bow to the court decisions. Many communities used the device of selling public facilities to "private clubs," a maneuver which federal and state courts had previously struck down.

Outside of the South more laws were passed to bar or strengthen the ban on discrimination in public accommodations, a sign both of the national scope of the problem and the determination to deal with it.

Five states, namely, Colorado, Illinois, Vermont (for the first time), Oregon, and Washington, adopted legislation; and 24 states now prohibit discrimination in public accommodations. Colorado, Oregon, and Washington shored up their laws by vesting enforcement jurisdiction in their existing commissions against discrimination, following the lead of the Northeastern states which have pioneered in this field.

The methods utilized by the eight states which have administrative machinery to enforce their non-discriminatory policies, sometimes mediation and conciliation, sometimes the trial-hearing process, proved successful. Among the leading developments were these: In the State of Washington the first case to reach the hearing stage resulted in the State Board Against Discrimination ordering a Tacoma tavern to cease discriminatory practices and post an order to that effect. The New Jersey Division Against Discrimination, acting on a complaint that Negroes were not allowed to swim in the pool of a "private club," subpoenaed the club's records to determine its bona fides; when the club refused and sought refuge in the courts, the Division's position was upheld. While the New York State Commission Against Discrimination dismissed a complaint against the Lake Placid Club, finding it did discriminate against Jews but was a private club, a number of organizations, including the New York State Conference of Mayors, decided to take their conventions elsewhere.

The decisions of state courts supported the

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general trend of judicial invalidation of discrimination. A California court ruled that a retail shoe store is a place of public accommodation although not listed in the statute (in another case a dentist's office was found not to be a place of public accommodation); also in California, a Negro couple won \$1,100 in damages from four trailer parks which had denied them accommodations. In Michigan, a state court granted an injunction barring a tavern from violating the state civil rights law pending determination of a damage action against the tavern for failing to be served. A permanent injunction was issued by a Pennsylvania court against a skating rink which had denied admission to Negroes on the ground that they were not "members" of the "club" operating the rink. New York's Court of Appeals upheld two lower court rulings that the swimming pool operated by the Castle Hill Beach Club, Inc., was not a "private club" as its owner alleged.

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The democratic society's never-ending effort to achieve both order and liberty reached one of its peaks in the United States during the postwar years in what is now commonly called "the McCarthy period." Up to 1954 our zealous concern for national security, based on the threat of worldwide communist aggression, led to the adoption of stringent laws and other pressures—national and local—that cut deeply into rights of freedom of expression and due process. The national anxiety established a climate of opinion in which this assault on traditional American freedoms could be launched and maintained, attacks symbolized by loyalty oaths and security programs, investigations of alleged subversive activities, restrictions on freedom of travel and organizational association, and inroads on academic freedom. As happens when fear imprisons reason, these activities missed the real target, the danger of espionage and subversion which every government has the right to prevent.

A combination of factors in the past few years—public boredom with security issues, the lessening of international tension arising

from the fear of a nuclear holocaust, domestic political considerations, and the rediscovery of the value of civil liberties—sapped the strength of the security drive. The leadership in this counteroffensive came in the 1954–1956 biennium from the federal courts, particularly the Supreme Court. Apart from some important exceptions noted below, the Supreme Court, by its decisions upholding individual rights, continued in the past biennium to lead the way back to a saner attitude toward security needs. So vigorous was its stand that the reaction in Congress provoked a near-constitutional crisis which endangered the Court's independence.

Not all the pressure against the Supreme Court stemmed from its decisions in security cases. What were also involved was the almost fanatical feeling of the Southern Congressional bloc against the Court's anti-segregation decisions and the opposition of states righters who delight in curbing any form of federal authority over state action.

Congress vs. The Supreme Court

The thrust of the Congressional assault came in a group of bills which would have removed the Supreme Court's power to review cases in certain key security areas. A great debate ensued over the Court-curbing bills with civil liberties advocates, the Attorney General, bar associations, law school deans, and many newspapers warning against upsetting our democracy's balance-of-power system by invading the Court's independence. The comment supporting the Court's freedom noted that its decisions were based on firmly accepted legal principles and that the proposed legislation rested only on disagreement with particular decisions. As such support mounted, the anti-Court forces shifted ground and substituted for their original proposals to cut the Court's review power legislation which would, in effect, actually reverse or limit the controversial decisions. After considerable parliamentary maneuvering in the last days of the 85th Congress, an amendment to restore the original bill was lost by 49 to 41.

These setbacks did not end the move against the Court. The campaign revived in

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the early days of the 86th Congress following an attack by the association of the state Supreme Court Justices and a report of an American Bar Association (ABA) committee which called for laws to reverse the Court's individual rights decisions. The ABA-promoted drive may have been weakened by the Supreme Court's long-awaited *Barenblatt* decision which staked out large areas over which Congressional investigating committees could roam. Until this decision, it was thought that the right of these committees to question individuals about their political beliefs and associations was curbed in the 1957 *Watkins* case. While the Court did not specifically rule in the *Watkins* case on this key First Amendment point, long the civil libertarians' main argument, the opinion contained strong language scoring the House Un-American Activities Committee "exposure" of persons refusing to answer questions about their alleged communist associations. It was hoped that the Court would take the final step in the *Barenblatt* case—concerning a contempt conviction for refusing to reply to questions concerning his alleged communist associations—by declaring the House Committee's original mandate to investigate "un-American propaganda" unconstitutional. However, in a 5-4 decision the Court, while declaring that incursions on free speech and association must always be balanced against national security needs, said the threat of worldwide communism made investigations of this movement the paramount need. A stinging dissent, centering not only on the individual's right of free speech and association but on a free society's stake in the full use of the First Amendment, provided the base on which future cases seeking the Court's reconsideration will be built. But as of now the House Committee has been clothed in a cloak of constitutional protection by the Supreme Court.

Other Governmental Actions

Certain government actions reflected the drop in security consciousness. Smith Act prosecutions ground to a halt, particularly because of the Supreme Court's limiting 1956

decision. Forty-one prosecutions were voided in the appellate courts and 18 indictments were dropped by the government. Still to be tested, as the Supreme Court ordered a third argument, was the clause of the Smith Act making mere membership in an organization advocating violent overthrow of the government a violation of the law.

The apathy with which the long-awaited report of the special public commission studying the government's security programs was received was another sign of the public disinterest in security matters. Compared to the noise of the late Senator McCarthy's firecracker investigations, the report made a dull thud. Its thesis, that there is a continuing internal danger which requires procedural safeguards for both the nation and its civil servants, did not result in any Congressional legislation. The absence of Congressional reaction, however, left standing these main abuses of the security program: failure to provide confrontation and cross-examination in security proceedings, no hearings for applicants for government jobs or probationary government employees, and lack of an independent review of security decisions. The Supreme Court, while not ruling directly on the constitutionality of the confrontation point, strongly backed this due process essential in knocking out the industrial security program covering 3,000,000 workers because neither the President nor the Congress had authorized the skimpy kind of hearings granted persons denied a clearance.

In the due process area the Supreme Court kept on upholding the Fifth Amendment, although the public mood was one in which use of the constitutional privilege was still regarded as a cover-up for the commission of a crime or other wrongdoing. This attitude was heightened by a Congressional investigation of labor racketeering. Dismissal from employment for invoking the privilege continued, but arbitration awards in several security cases reversed the firings, based on the fact that there was no evidence of actual misconduct on the job—a signpost on the road back to constitutional sanity. Congress, under the prompting from police offi-

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cials, focused heavy attention on a bill to knock out a Supreme Court ruling which invalidated convictions of federal defendants in criminal cases where they were not promptly arraigned at a court hearing.

The Supreme Court's resounding opinion in the Kent and Briehl cases holding that Congress had not authorized the Secretary of State to inquire into the political associations of passport applicants and noting that serious constitutional questions would be raised if such authority were granted moved the passport drive one step forward: hitherto court decisions had dealt only with the State Department's denial of fair hearings in refusing passports. Reaction to the decision was focused in a legislative conflict, still unresolved, between those who feel the President's authority to conduct foreign relations gives him the power to withhold or limit the use of passports, and those who see freedom of travel as a prime constitutional right which a citizen may exercise short of actual war or being involved in criminal proceedings.

Academic Freedom

Academic freedom developments present a picture of numerous small but significant gains, and the resounding defeat resulting from the Supreme Court decision in the Barenblatt case. On this decision waited a number of cases pending in the lower courts concerning other teachers who had refused to disclose their political associations in loyalty probes. Government counsel quoted in their successful prosecution of the Barenblatt case from the 1953 pronouncement of the American Association of Universities (AAU) on loyalty in the field of education, but there is increasing intent among faculties to secure revision of the AAU pronouncement along lines suggested by the American Civil Liberties Union and first adopted by Northwestern University.

A chief interest of proponents of academic freedom has been the repeal of the loyalty oath and disclaimer affidavit required of applicants for loans and scholarships, and clear definitions of authority under the new National Defense Education Act. There is con-

siderable sentiment for repeal of this provision, even though a bill to accomplish this failed by a few scant votes in the Senate.

At Eastern Washington College of Education, Professor Obed Williamson, one of 16 persons dismissed in a 1953 loyalty oath fight, was reinstated; the state Supreme Court ruled that the use of the U. S. Attorney General's list as a test of subversion was unconstitutional, although holding valid a loyalty oath for public employees.

The reinstatement of Dr. George G. Ball in a Wisconsin teacher's college was notable for the fact that the state's attorney general rebuked the regents for their dismissal and declared he would receive no further cases in which academic freedom was threatened.

An investigation of the University of Florida by a state legislative committee stemming from the anti-desegregation drive focused on a block of homosexuals, resulting in 16 resignations. A similar threat to intimidate by investigating atheism at the University of Texas came to nothing. Rutgers University received some commendation for having set up a careful procedure incorporating due process in cases of proposed dismissal, though some criteria remain dubious.

Questions of tax support of church institutions, of loyalty provisions in both government and private research contracts, of threats to tenure over segregation issues, of desirable policy where teachers seek union shop agreements, of dismissal or refusal to hire conscientious objectors, and of freedom of movement of scholars are all examples of other concerns which have arisen and are under continuing study. Another hangover from the intimidatory McCarthy period, unwarranted questioning by FBI and other security officers of professors regarding their students' personal opinions and associations, came under strong attack.

Censorship

A perennial problem area in civil liberties defense, censorship, continued to plague the nation. Regardless of the issue, whether it be access to government information, official state and film censorship boards, or pressure

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exerted by private religious and community groups, barrages against the First Amendment were heavy.

The film censorship scene was a paradox. On the credit side of the ledger, the Supreme Court ruled that a key section of New York State's film censorship law barring films that are "immoral" was void. The French film version of the D. H. Lawrence classic, "Lady Chatterley's Lover," had been refused a license because of its treatment of adultery. The language of the Court's majority opinion was: "What New York has done is to prevent the exhibition of a motion picture because that picture advocates an idea—that adultery under circumstances may be proper behavior. Yet the First Amendment's basic guarantee is of freedom to advocate ideas. The state, quite simply, has thus struck at the very heart of constitutionally protected liberties." This language is expected to exert leverage in three other states, Kansas, Virginia, and Maryland, where state film censorship still exists. The high court's decision did not strike at the fundamental evil, precensorship, but it will help to whittle away at these boards' powers. However, an indication of future state censorship trouble was seen in Pennsylvania's re-establishment of its film censorship agency.

But the Court's film opinions naturally have not removed all conviction in states and local communities that the showing of motion pictures regarded by some groups as offensive, particularly to youthful audiences, should be banned. As the Court voided the language of present statutes, a new tack was suggested, classification of films as acceptable for youth and adult audiences. The Maryland and New York state legislatures defeated such proposals, the bill in the latter state being particularly objectionable because it was tied to a theater-licensing law. Chicago, the major metropolitan center which vests censorship power in a board of six women maintained by its police department, had some of this power clipped by a federal court decision which held that the classification approach would interfere with adult audiences seeing films of their choice. The other target in local

and state drives was lurid newspaper advertising, especially "sexy" headlines and photographs. Considerable pressure was exerted on film distributors, capped in some states by the introduction of legislation to ban such advertising, but no laws were adopted.

However, the main censorship thrust—of both governmental and private groups—was aimed not at motion pictures but at alleged obscene literature, material distributed through the mail and magazines and paperback books sold at newsstands. Behind this drive lay the far-flung concern—and conviction—that reading of such material was one of the cardinal reasons for the wave of juvenile delinquency and disorder in the past decade and reinforced youth's lack of respect for "morals" and adult authority. A sharp debate was conducted between this point of view and the contrary position that a democratic community cannot have private groups deciding its reading, particularly when no "clear and present danger" relationship has been proved between the reading of such material and delinquent conduct. That the former view was the popular public attitude was shown by the rash of bills introduced in various states to strengthen existing laws against obscenity, although few of these actually passed. Continuing economic pressure, now more subtly exercised in talks with local book sellers, and the adoption, under threat of economic coercion, of a self-regulatory code for the comic book industry advanced this campaign. The widening scope of this drive was shown by the many Protestant churches, women's clubs, and community organizations which made this their major program activity—adding to the initial pressure brought by the Roman Catholic church.

A Supreme Court decision upholding the validity of federal and state obscenity laws provided new impetus for local prosecutions. The Court, in effect, ruled that the First Amendment only protected speech of "redeeming social importance." It set down certain standards for judging obscene matter: whether the material had a prurient interest; whether the entire content of a book, not isolated passages, has been evaluated; and its

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effect not on the "susceptible" person but on the average person in light of contemporary community standards.

The Court's direct statement that obscene material would not receive the First Amendment's protection not only stimulated local groups to work for stiffer anti-obscenity laws and to press local prosecutors to threaten local book dealers to remove books and magazines, but also provided the spark for a change in the federal postal laws concerning prosecutions for obscenity. Hitherto, prosecutions could be brought only in the judicial regions where the material was published and mailed, chiefly New York, Chicago, and Los Angeles. As "sophisticated" juries in these cities handed down few convictions, the Congress passed a law allowing the government to prosecute at any point through which alleged obscene material passes. Church and community groups protested the flooding of the mails with alleged pornographic material aimed at youth, so a rise in prosecutions and convictions already has been noted. The Postmaster General has stimulated this activity by arousing community groups to war on such material as "girlie" magazines. Still another development in official censorship was the creation of state commissions whose main function is to list offensive publications and recommend their prosecution.

A perfect example of the government's refusal to acknowledge the supremacy of the First Amendment where written matter is concerned was the slow, step-by-step retreat of the Post Office in its handling of foreign propaganda entering the country. Armed with only an interpretation of the 1938 Foreign Agents Registration Statute—no direct Congressional authority—the postal officials barred citizens from receiving magazines, newspapers, and pamphlets thought to contain foreign propaganda—chiefly from behind the Iron Curtain. In the McCarthy heyday even scholars and university libraries were denied this basic data. Strong protests forced the Post Office Department to deliver all material requested by scholars and the general public, but in a new aspect of the problem it clamped down on all unsolicited mail,

unless the citizen signed a form requesting delivery. This latest device to place a government stamp of approval on citizens' reading material is now before the courts in a battery of test suits.

The mass media took stronger positions to assert their right of freedom of the press, although their claims often conflicted with another civil liberty, due process. This was seen in two areas which were widely publicized in the past biennium, the right of television and newsreel cameras to cover court proceedings, and the right of reporters to maintain confidential their sources of information. The heavy guns of the National Association of Broadcasters were trained on the American Bar Association canon of ethics which said photographic coverage of trials would interfere with proper courtroom decorum and a fair trial. The technical advances of electronic journalism cancelled out the argument that klieg lights and flash bulbs would distract witnesses, judges, juries, and lawyers who would "act" on TV if the rule were dropped, thus interfering with a fair trial. Several lower courts adopted a discretionary rule allowing photographic coverage, and the strength of the ABA's opposition lessened.

The sanctity of the reporter's source of information became an issue when *New York Herald Tribune* TV columnist Marie Torre refused to disclose the source of a derogatory remark made by a Columbia Broadcasting System executive about actress Judy Garland, in a libel suit brought by the Hollywood star against CBS. Pleading the right of the press under the First Amendment to keep its sources secret, Miss Torre nonetheless lost her case in the U. S. Court of Appeals and served a 10-day contempt sentence. The appellate court ruled that in the conflict between free press and due process, the fair administration of justice required the information to be disclosed at the trial.

Democratic Procedures in Labor Unions

The question of assuring internal democratic procedures within labor unions, an issue which has long concerned civil liberties

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advocates, erupted with major force. Triggered by the special Senate Committee exposures of gross labor racketeering within certain unions which pinpointed the problem, public opinion was aroused. While the organized labor movement agreed that legislation to prevent financial transgressions was necessary and showed its concern by expelling several tainted unions and setting up an Ethical Practices Committee to patrol internal abuses, it fought vigorously against legislation proclaiming a "Bill of Rights" for workers. This would assure by law specified rights of freedom of speech and fair trial, a move to which unions objected as an unwarranted intrusion into their affairs. A watered-down labor "Bill of Rights" passed the Congress as part of the general labor reform bill.

Wire Tapping and Police Practices

On the state level two due process issues stood out, the continuing effort to make illegal wire tapping and other electronic eavesdropping devices that invade privacy, and the growing pressure against improper police practices.

The national concern about crime syndicates spurred the police use of devices to record private conversations, but strong argument was heard against employing such patently unconstitutional search and seizure methods to achieve police objectives. A report of the Pennsylvania Bar Association revealed that between 13,000 and 21,000 taps are authorized by court order annually for New York City plainclothesmen. The dragnet scope of wire tapping which caught even innocent third party conversations in the electronic net encouraged the introduction of bills to eliminate such practices in the states. Illinois and Pennsylvania passed such statutes. Court decisions in California and New Jersey which scored local officials use of wire tapping also highlighted this area.

The police practices problem saw progress recorded in New York City and Philadelphia where a Citizens Complaint Board, to which abuses could be referred, was set up; in Chicago where a report of the American Civil Liberties Union (ACLU) charged 20,000

persons had been improperly detained for more than 17 hours over a two-year period; and in various cities where the issue was being brought out in the open by bar associations and ACLU groups through pamphlets instructing people—especially in minority-group areas—in their rights when arrested by the police.

Church and State

The vexing problem of maintaining strict separation between church and state assumed larger proportions. The main focus was education, where Roman Catholic groups interpreted the "free exercise of religion" clause of the First Amendment to mean government aid to parochial schools in such auxiliary areas as bus transportation and textbooks, and Protestant churches pressed for the adoption in the curriculum of more direct religious emphasis through moral and spiritual values programs. Law suits testing Bible reading, reciting of a prayer, use of school facilities for creches, and released time for religious education continue to crowd the court calendar and reflect what is a deep, divisive issue in American society.

Summary

The civil liberties crisis which divided the nation during the McCarthy era is over, and the trend continues to be one of greater civil liberties awareness and understanding. However, the constant demand of a democracy for vigilance over its freedoms is expressed not only in crisis but in the day-to-day defense of civil liberties. There are always major battles to be waged, such as those over passports, successful implementation of court desegregation decisions, abuses of Congressional investigating committees, pressure-group censorship, and church-state separation. But these do not overshadow such less prominent areas as improper police practices, the rights of members within private organizations, and the adequacy of the hearing for an alien facing deportation. No matter what the issue, the civil libertarian's work goes on, as part of democracy's effort to improve the life of its people.

Civil Rights and Civil Liberties

AGENCIES DEFENDING CIVIL LIBERTIES

The defense of civil rights and civil liberties is conducted by both governmental and voluntary agencies. In addition to civil and criminal courts of law where an individual's rights are protected, such governmental agencies as the new Civil Rights Division of the Department of Justice, state attorneys general, and municipal district attorneys are authorized by law to come to the citizen's aid. There is also established by law or executive order various government groups whose sole responsibility is to safeguard civil rights, such as the President's Committee on Government Contracts and that on Civilian Employment Policy; the Fair Employment Board of the United States Civil Service Commission; state and local commissions against discrimination, which have specific power to protect civil rights; and local committees on human relations, which through persuasion and education seek to help the community solve the problems of people living together.

One unique element in our civil rights-civil liberties defense scene, often remarked on by foreign visitors, is the large-scale activities of voluntary agencies. These are broken down into two groups, those protecting mainly the rights of particular groups—of which their membership may be largely representative—and those interested in a broader approach. Among the first are such agencies as the American Book Publishers Council; the AFL-CIO Committee on Civil Rights; the American Jewish Congress; the American Jewish Committee; the Anti-Defamation League of B'nai B'rith; the Catholic Interracial Council; the Japanese-American Citizens League; the National Association for the Advancement of Colored People; the National Community Relations Advisory Council, representing six major Jewish organizations; the National Urban League; and the Southern Regional Council.

Agencies having broader objectives include such groups as the Americans for Democratic Action, the American Civil Liberties Union—the only national non-partisan civil liberties organization which acts in cases of individual violations of constitutional rights—and the

National Civil Liberties Clearing House, whose chief function is informational: it keeps alert to developing trends in civil rights and civil liberties and distributes such information to its more than 60 contributing organizations.

The newest entry into the field, the Fund for the Republic, has altered its approach. Rather than making grants to individuals and academic institutions from its \$15,000,000 endowment from the Ford Foundation for particular projects geared to specific civil liberties problems, the group has announced a "basic issues" program to be studied by special task forces under the Fund's close supervision. Publication of the findings of these seminars and other occasional papers is designed to stimulate public thought on, for example, religion in the schools, the responsibilities of the mass media, and the rise of military power in civilian life. The Freedom Agenda Program which did so much to instill in local community discussion groups the significance of civil liberties in the McCarthy era ended its program, but an offshoot is an inservice training course on the "Law of the Bill of Rights" for teachers. Initial success was scored in New York City; and the program, now sponsored by the Civil Liberties Educational Fund, is being considered in other cities.

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ALAN REITMAN

COMMUNITY DEVELOPMENT has been defined as "a process designed to create conditions of economic and social progress for the whole community with its active participation and the fullest possible reliance upon the community's initiative."¹ It may be described, also, as "organized efforts to improve the conditions of community life, and the capacity for community integration and self-direction. Community development seeks to work primarily through the enlistment and organization of self-help and cooperative ef-

¹ See United Nations, *Social Progress Through Community Development* (*infra*), p. 6.

fort on the part of the residents of the community, but usually with technical assistance from governmental or voluntary organizations."²

Community development is related in at least three ways to social work and social welfare in the United States: (1) There are "community development" programs in the United States; these are concerned with standards and conditions of living in local communities, and they are thus intimately related to various aspects of social welfare. (2) There are "United States-based" activities in community development which are carried out in other countries, by representatives of the U.S. International Cooperation Administration (ICA) and certain voluntary agencies. In addition, Americans (social workers and others) are participating in community development projects under international auspices. (3) Community development is one of the most significant and far-flung economic and social movements of modern times (or, in fact, of human history); it has to do with the present and future conditions of life of millions of people in newly developing countries. No social worker or anyone else concerned in any way with the international scene or with social or economic conditions can understand the world in which he lives without some understanding of community development.

In this article the subject will be discussed under the following headings: (a) community development in the United States; (b) community development in newly developing countries; (c) social work and community development; and (d) implications of international community development for the United States.

Community Development in the United States

The term "community development" goes

² See Dunham, "The Outlook for Community Development," *infra*. For two official definitions and descriptive statements regarding community development, issued in 1956 by the United Nations and the U.S. International Cooperation Administration, respectively, see *Community Development Review*, No. 3, December 1956.

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back at least as far as 1928 in the United States. The introductory chapter of Jesse F. Steiner's book of case studies, *The American Community in Action* (1928), is entitled "Social Change and Community Development". Much of the basic approach and point of view which has since come to be called community development was foreshadowed also in such books as Eduard C. Lindeman's *The Community* (1921) and Dwight Sander-son and Robert A. Polson's *Rural Community Organization* (1939).

One writer has observed that "American ancestors of community development include frontier mutual aid practices, local government, private and public programs designed to encourage grass-roots prosperity, such as farmers' cooperatives, the Agricultural Extension Service, the Indian Service, and the work of the Farm Security Administration, especially in the South from the mid-30's to the early 40's."³

The term "community development" has perhaps been used even more loosely in the United States than in newly developing countries. Paul G. Phillips has said that within the United States "There is a wide variety of community development programs and activities, carried on by an enormous number of local organizations, under varying degrees of guidance from sponsoring agencies. . . . Rural self-help, community planning, regional planning and promotion groups, and city development are part and parcel of each other and the U.S. community development system. Physically and institutionally the parts are intergrading, interwoven and interdependent. . . . Having both highly industrial and relatively backward areas within its national boundaries, the U.S. is using community development techniques and methods involving the basic requirements of community self-help in connection with programs that range from the isolated rural community of a few families to the vast metropolitan regional community of ten or twenty million people."⁴ Phillips goes on to classify and

describe briefly "community development" programs and activities sponsored by: various agencies of the federal government; universities, colleges, and professional associations; regional development associations and corporations; foundations and funds supported from private sources; citizens organizations; and business enterprises. This pathfinding report is most valuable, but obviously the whole subject of community development in the United States needs a great deal of research if programs that bear some relation to the name community development, as currently defined, are to be adequately described, analyzed, and classified, to say nothing of being evaluated and assessed in relation to each other.

All that can be done here is to mention a few illustrative programs which relate to the improvement of community life as a whole, or at least which have implications for several areas of community life.

Cooperative agricultural extension work is a nationwide program carried on through the cooperation of the U.S. Department of Agriculture, the state land-grant colleges, and county governments. The objective has broadened from improving agricultural production to serving the farm family. A county extension agent is now active in nearly all of the more than 3,000 counties in the United States. The program is flexible, and the use of volunteer lay leaders is basic to it. Services include education, consultation, and demonstration in the areas of agriculture and animal husbandry, home economics, and work with rural youth (4-H Clubs).

Community adult education and extension programs carried on by a number of universities and colleges go beyond the limits of traditional adult education courses and involve consultation or aid to communities in programming and development. Phillips (*op. cit.*) lists 37 such institutions. These programs include "(1) the training of young professional workers, and (2) professional guidance to nearby communities in carrying on community development programs." For example, the Bureau of Community Development of the University of Wisconsin provides information and advice to communities; helps to

³ Arthur F. Raper, "The Role of Pilot and Demonstration Projects in Community Development Work," *Community Development Bulletin* (now *Community Development Review*), No. 2, September 1956, p. 30.

⁴ See Phillips, *infra*, pp. 1-3.

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coordinate and channel requests for technical information to appropriate departments; and supplies basic planning information. The Community Adult Education Service of the University of Michigan has promoted community self-studies, provided consultation service on various types of community problems, assisted with the development of community councils, and sponsored workshops on community problems. The Earlham College (Richmond, Indiana) program of "community dynamics" attempts to bring the college and college students to the service of communities, in seeking to solve their problems.⁵

The Department of Community Development of Southern Illinois University at Carbondale sponsors a "program designed to help strengthen and revitalize the basic processes of democratic life in the local community in order to make it possible for the community to effectively solve its problems for itself and to create a 'social climate' that will be more conducive to the growth and development of individuals. In order to accomplish these goals it is necessary to involve the entire citizenry in one coordinated effort to study, to analyze, to plan, and to take action for the improvement of the community as a whole."⁶

The federal *Bureau of Indian Affairs* conducts a rural development program. An adult education program was inaugurated in 1956. "In effect, the total program of the Bureau is aimed at community development in the sense that various program enterprises for technical assistance at the community level help the people work together for better living." Another effort "to promote group self-help and self-determination . . . is the tribal council program. . . ." These tribal governing bodies "are learning to conduct all the legal, commercial resources development and management affairs of the tribe. Councils often plan and appropriate tribal funds for regional and community development work."⁷

Some of the early social surveys such as

⁵ See Biddle, *infra*.

⁶ See Southern Illinois University, *infra*. See also Richard W. Poston, *Democracy is You*, Harper & Brothers, New York, 1953.

⁷ See Phillips, *op. cit.*, pp. 20-21.

those in Pittsburgh (1907-1908) and Springfield, Illinois, (1914) transcended the limits of "social welfare," in the narrower sense, and were close to community development undertakings. The Tennessee Valley Authority has exemplified the philosophy of community development. So also did some of the programs and projects in defense communities, during and since World War II, under the leadership of the United Community Defense Services and other agencies. The San Bernardino (California) County Council of Community Services has "a social service extension program with the use of social work generalists operating as field staff for a [county-wide] community development program."⁸

Among the various types of organizations which are concerned with community development in one way or another are the Southeast Community Development Project, the American Community Project (sponsored by the Fund for Adult Education, financed by the Ford Foundation), the Save the Children Federation (Norwalk, Connecticut), the American Council to Improve our Neighborhoods ("ACTION"; New York), and the Board for Fundamental Education (Indianapolis).

Community Development in Newly Developing Countries

More than half of the 2.69 billion people in the world live in newly developing countries. Most of these people—sometimes up to 80 per cent of them—live in rural villages. In India alone, 85 per cent of its population of almost 400,000,000 live in 550,000 villages.

Among the common problems in the villages of the newly developing countries are poverty, hunger, sickness, lack of sanitation, illiteracy, lack of education, ignorance, and superstition. Land holdings are often small; many villagers do not own the land which they cultivate; agricultural production is inadequate, and the farmer's share of it is often small. Methods of cultivation, tools and equipment are often inefficient. Livestock is

⁸ *Ibid.*, p. 29. See also Robinson, *infra*.

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frequently of poor grade and subject to disease and epidemics. Farmers may be unemployed for several months of the year because of climatic conditions. Some 60 per cent of the people of the world have an average per capita income of not more than \$60 a year. Millions are chronically hungry; many of them live under the threat of recurrent famine. Malaria, tuberculosis, malnutrition, dysentery, trachoma, syphilis, and yaws are among the scourges that keep millions of people sick or half-sick most of the time. In one large country the average life expectancy is about 32 years; five out of ten children die before the age of twelve. Illiteracy in many countries runs from 60 to 80 per cent; an educated citizenry is largely lacking as a basis for democracy.⁹

Community development seeks not only to improve conditions of living in these rural communities but, even more important, to help each community to deal creatively and effectively with its own problems. Usually community development includes these four elements: (1) A planned program, with a focus on the *total needs of the community*. (2) The encouragement of *self-help*. This is the cornerstone of the whole program. (3) *Technical assistance* from governmental or voluntary organizations. This may include personnel, equipment, supplies, or money. (4) *Integrating various specialties*—such as agriculture, animal husbandry, public health, education, home economics, work with women, children, and youth, and so forth—for the help of the communities.

The beginnings of community development in newly developing countries may be traced in certain scattered governmental services, the work of the missionaries, the Gandhian movement in India, and other individual projects and institutions. As early as 1939 Egypt initiated community development pilot projects in two villages. In the United Kingdom, a conference on African administration, in 1948, stressed the term "community development" in place of the earlier "mass education."

The same year the Etawah Project, fore-

runner of the Indian community development program, was initiated in Uttar Pradesh, on the suggestion of Albert Mayer, an American architect and town planner. In 1949, at the request of the British Colonial Office, the Community Development Clearing House was established at the University of London Institute of Education; it has become an international service unit. As part of India's First Five Year Plan (1951-1956), the Indian Program of Community Development (the largest such program now in operation) was inaugurated on Mahatma Gandhi's birthday, October 2, 1952. In 1951 the United Nations (UN) Economic and Social Council adopted a resolution for a study of community welfare centers, which was later broadened to the study of "community organization and development." In 1952 there was established in the UN Bureau of Social Affairs a unit now known as the Community Development Group. In 1955 the UN published a monograph, *Social Progress Through Community Development*, which may be regarded as the cornerstone of the current literature on the subject. Today there is a fairly substantial and rapidly growing literature, and the subject is a major focus of international study, discussion, and action.

One of the most important trends today is the emergence of *national programs* of community development, replacing earlier specialized, sporadic, and unrelated efforts. Such programs are found today, in various forms and under different names (mass education, rural development, village aid, and so on), in perhaps 30 to 40 countries and dependencies, in the Near East, Asia, Africa, Latin America, the Caribbean, certain parts of Europe, and elsewhere.

Community development is an integral part of technical assistance programs. (See INTERNATIONAL SOCIAL WELFARE.) Technical assistance was inaugurated by the United Nations in 1947. In 1951 came the UN Expanded Program of Technical Assistance (UNETAP) and the U.S. Mutual Security Agency—later the Foreign Operations Administration, then the present International Cooperation Administration. ICA has a di-

⁹ See Faris, *infra*.

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vision on Community Development, originally established in 1954. Among the organizations concerned with technical assistance programs today are: the United Nations; certain of the UN specialized agencies, including the Food and Agriculture Organization, International Labour Organization, the United Nations Educational, Scientific, and Cultural Organization, and World Health Organization; the United Nations Children's Fund; the Pan American Union; the U.S. ICA; national governments, both in newly developing countries and in certain nations having unilateral technical assistance programs; and voluntary agencies, including the Ford Foundation, the Near East Foundation, the Save the Children Federation, and the American Friends Service Committee.

Among the underlying principles of community development, as stated by the UN, are the following: (1) Activities should be based upon needs. The "felt needs" of the people should be the basis for the first projects. (2) Integrated, multi-purpose programs are required. (3) Changed attitudes are as important as the material achievements. (4) Community development aims at increased and better participation of the people in community affairs and at revitalization of local government. (5) The development of local leadership is a basic objective. (6) The participation of women and youth in community projects is important. (7) Community self-help projects require government assistance. (8) Sound national programs of community development are required. (9) The resources of voluntary organizations should be fully utilized. (10) "Economic and social progress at the local level necessitates parallel development on a wider national scale."¹⁰

The organization and operation of community development programs vary greatly in different countries. In India, for example, a multi-purpose "village level worker," a high

¹⁰ See United Nations, *Social Progress Through Community Development* (*infra*), pp. 8-13. Compare two statements in *Community Development Review*, No. 2, December 1956: "The Community Development Guidelines of the International Cooperation Administration" and "Community Development and Related Services—United Nations"; also Franco, *infra*.

school graduate with about eighteen months special training, serves five to ten villages. About 100 villages constitute a "block," which is under the direction of a "block development officer," a generalist, usually with primary orientation to public administration. Under the block development officer, administratively, but with technical direction from their respective ministries, are a staff of "subject matter specialists" as advisers to the village workers in respect to agriculture, public health, social education, etc. There are government training centers for block development officers, village workers, and other personnel. Continuous evaluation is carried on through an administratively independent Programme Evaluation Organization.

Other approaches to community development are found in different countries: mass education—education designed to teach people how to live—in Ghana; the community schools in the Philippines; the rural development societies and voluntary women's institutes of Ceylon; the collective and cooperative immigrant settlements in Israel; the rural welfare centers of Egypt; the rural social service program of Brazil; the ejido, or land distribution program and the cultural missions in Mexico; the community education program of Puerto Rico; the mass education teams of Burma; the demonstration and pilot projects in Iran and Iraq; the Village Agricultural-Industrial-Development (Village AID) Program and the experiments in urban community development in Pakistan; the program of the Jamaica Social Welfare Commission; the various attempts to develop or revitalize local governmental institutions and to relate them to long-range community development programs; and so on.

Some Results of Community Development

Many concrete results of community development are observable—"increase in agricultural productivity; improvement of stock; construction of wells, roads, school houses, health centers; improvements in sanitation and health conditions; literacy classes, village industries, cooperatives, women's programs, youth clubs, etc. . . . There are some indica-

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tions of more basic social-psychological results: development of local initiative, cooperation, responsibility, self-help, etc. These results are less clear, less demonstrable, and probably much less widespread than the 'concrete' results. . . ."¹¹

Among the major operating problems are the difficulties of coordinating the services of various specialized ministries and departments; the necessity of understanding the culture pattern in trying to introduce technical changes; the problem of changing basic attitudes on the part of the villagers (more important and more difficult than specific concrete accomplishments); arousing both "the will to do and confidence that it can be done"; the problem of engendering and maintaining the spirit of self-help and self-reliance on the part of the villagers; the discovery and development of adequate progressive local leadership in the villages; obtaining and training enough creative, dynamic leaders, teachers, and workers for a program where routine administration is not enough; the basic dilemma of "felt needs" versus "agency targets" or national goals; the difficulty of keeping the first-hand experience of the villager and the village workers as vital elements in the planning; the problem of the nature and length of training that is needed and practicable for community development personnel; and the problem of "moving fast enough and wisely enough to meet the rising tide of expectation."

There are also a number of broad national and international issues, such as the relation of United States foreign policy to technical assistance and community development; the financing of community development; the relationships between international and unilateral programs; the relationships between national governments in newly developing countries, outside agencies, foundations, and indigenous voluntary agencies; and the "competition" of communist nations, interested in extending technical assistance from the standpoint of a communist rather than a

democratic ideology. One leader in community development has commented that there is no question that we can raise standards of living in rural areas: the real question is, can we do it in time to get it done democratically?

One broad question that remains unanswered is: To what extent can experience with rural community development be applied or adapted to "urban community development" in newly developing countries? Experimentation along these lines has been undertaken in a number of places—India, Pakistan, Colombia, Jamaica, Hong Kong, Ghana, Tanganyika, Singapore, among others.

Social Work and Community Development

The available evidence seems to indicate that, by and large, social work and social workers have contributed less to community development than might have been expected.

The philosophical bases of community development and social work have much in common. Both are concerned with enabling people to live wholesome and abundant lives; both emphasize a belief in the common man, and in the community, where people live; an acceptance of the right of self-determination, within the general framework of society; and an emphasis upon self-help.

It would appear that much of the knowledge of the social workers, much of their understanding of and facility in dealing with individuals and groups, many of their skills and attitudes, would be directly applicable or adaptable to community development.

Eileen Younghusband has identified eleven "basic social processes in community development" and has pointed out their close relation to "social work method": (1) getting to know the local community; (2) gathering knowledge about the local community; (3) identifying the local leaders; (4) stimulating the community to realize that it has problems; (5) helping people to discuss their problems; (6) helping people to identify their most pressing problems; (7) fostering self-confidence; (8) deciding on a program of action; (9) recognition of strengths and weaknesses; (10) helping people to continue to

¹¹ See Dunham, *loc. cit.* Some additional material in this article is quoted or paraphrased from this source, without further citation.

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work on solving their problems; (11) increasing people's ability for self-help.¹²

The process of community organization in social work seems especially closely related to community development. The development of social programs, fact-finding, community surveys, analysis, planning, conference technique, committee operation, consultation, organization, interpretation, project administration, and recording are all elements that are common to generic community organization and community development. Indeed, it would appear that the basic equipment needed by the community development generalist would include, as major components, skill in working with people, in community organization, adult education, and administration, along with selected and limited skills in certain specialties, such as particular methods of agricultural cultivation, inoculation, construction, and elementary health education.

It seems clear that, in order to make his best contribution to community development, the social worker would need broad training, with adequate social science background, an understanding and appreciation of cultural backgrounds and of the problems of working in other cultures, and the ability to develop close cooperative relationships with other services, such as health, education, and public administration.

It has been pointed out that the over-all contribution of social work skill in working with individuals, groups, and communities could be brought to community development staffs through several channels: (a) to workers in other technical services as a social element in their training; (b) to multi-purpose or village workers, who require a considerable knowledge and skill in working with people; (c) to administrators who need to combine knowledge of public administration and educational techniques with social work knowledge about work with individuals, groups, and communities; (d) as teachers and supervisors on the staffs of community development training centers; (e) as consultants within the

special competence of social workers; (f) as social workers at field level.¹³

Implications for the United States

George Rabinoff has pointed out that "International welfare is a two-way street; . . . we in this country have much to learn from the rest of the world. . . . Do we have the . . . opportunity now to study community organization in simpler and less complicated settings, from which we can derive experience applicable to our own needs, both in terms of the less developed sections of our country, and also for principles that might have application in normal community organization and planning?"¹⁴

The following are perhaps among the most important concepts of community development which may be put to the use of social work and social welfare in the United States:

1. *The emphasis on the unity of community life*, and the need for an approach to the total community life. Increasing specialization has led often to an assumption that the community can be sliced up into artificial segments labeled government, economic life, education, social welfare, and so on. Yet, in fact, community life is an integrated whole, and people do not live in watertight functional compartments. Perhaps, then, American social workers and other planners can learn to make a more integrated approach to diagnosis, planning, and program development, for urban communities as well as rural.

2. *The emphasis on the inter-disciplinary team* in the service of the community. This idea has already been put to work for the individual patient in the hospital or the child guidance clinic; to some extent it has been applied to research. The question arises: can this cross-fertilization of professions and disciplines be applied in new and imaginative ways to community planning and service?

3. *The idea that the inner strength of the community*, its capacity for initiative, cooperation, and the ability to solve its problems is more important than the meeting of any

¹² See United Nations, *Training for Social Work: Third International Survey (infra)*, pp. 83-92.

¹³ *Ibid.*, p. 101.

¹⁴ See Dunham, *infra*, p. 51.

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one specific need. Murray G. Ross has emphasized this idea in his *Community Organization, Theory and Principles*; the experience of community development underlines it.

4. *The idea of the multi-purpose worker.* Even with all our specialized programs, there have been some neighborhood workers, block workers, rural workers, who have engaged in such a combination of activities as to raise speculation as to whether they did not come close to being "generic social workers." Can "multipurposeness" be even further extended, across disciplinary lines, in the service of the community? It is conceivable that there might even emerge a new type of "community development generalist," who might have some of the equipment of the traditional "city planner," united with knowledge of community organization and adult education, and an intimate concern with community and group process and program development.

5. *The idea of self-help.* This is of course part of the philosophy of modern social work, as well as of certain other disciplines. Can this idea be put into effect more forthrightly and vigorously than it has usually been in the past, in urban settings? There is a good deal of evidence about "self-help" already available: from community, neighborhood, and district councils; from consumer-initiated or directed movements like Alcoholics Anonymous, Recovery (an association of former mental patients), the movement for retarded children, and other sources. This is a fascinating and crucial area for research and experimentation on one of the very frontiers of democracy.

Community development is a reality in the United States; it is one of the great contemporary movements in newly developing countries; it is an area where social work has much to contribute; and many of the lessons learned from the experience of community development might with advantage be applied to community life in the United States.

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COMMUNITY ORGANIZATION FOR SOCIAL WELFARE is a process used by professional workers engaged in health and welfare planning. It consists, in part, of the skillful use of "enabling" techniques through which social workers engaged in community organization practice make it possible, by providing indirect leadership, for citizen groups to work out problems involved in coordinating the complex range of social services now found in most communities, and to modify and change services in the light of new needs. Implicit in this activity is the use of a professional approach to the problems of identifying areas of social need and of promoting and interpreting programs that will meet them.

Community organization is also a field of activity in social work and as such is occupied by agencies whose primary function is social planning, coordination, interpretation, or the joint financing of direct service agencies. See **COMMUNITY WELFARE COUNCILS, CONFERENCES IN SOCIAL WELFARE, NATIONAL ORGANIZATIONS IN SOCIAL WELFARE, SOCIAL ACTION, STATE AND REGIONAL WELFARE ORGANIZATION, and UNITED FUNDS AND COMMUNITY CHESTS**.

In addition, many community organization agencies are now structured to provide direct professional service to local communities to assist them in developing effective devices to meet their own needs, as seen in the rapidly developing district community council movement in many urban communities in the United States. In recent years, also, community organization services have been increasingly used in underdeveloped areas of the world. See **COMMUNITY DEVELOPMENT**. Seen in the light of these newer developments, the scope of community organization—both as process and as field—is much broader than the traditional one related solely to coordinating and promotional services for traditionally structured operating agencies.

Community may refer either to a defined geographic area—local, state, national, or international—or to a community of interest. With the increased specialization found in contemporary society, lines of communication

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frequently run between similar interest groups in widely scattered communities. This complication tests the skills of those community organization workers whose roles are to assist in providing balanced social welfare services within defined geographic areas.

Historical Development

The development of community organization practice in the United States has been in response to human needs attendant upon the country's urbanization and industrial development. There were almost simultaneous beginnings of community organization programs in various parts of the nation as different communities achieved the same level of economic development stemming from local interest and leadership which were very similar in nature. Among the major stages that can be traced are the following:

1. *Alertness to poverty and need.* The rapid growth of manufacturing and the first real growth of urban centers following the Civil War led to much greater economic interdependence than existed when the United States was primarily a rural nation where most people could be relatively self-supporting in their home communities. Characteristic of the period between the Civil War and the end of the nineteenth century were the beginnings in larger cities of the settlement house movement, the organization of agencies to protect immigrants, the establishment of services to safeguard children from mistreatment or neglect, and a proliferation of private relief giving societies. Most of the agency programs initiated in this period were single-purpose in nature, and often a strong note of social reform was present in their philosophies. The agencies did things *for* people (such as providing financial assistance and bringing recreation programs to underprivileged areas). They attempted to create prohibitions to protect people from some of the hazards of urban living (such as laws to prohibit child labor or to increase factory safety). Many among the more fortunate economic groups, in a period of low taxation, provided funds and services for the less privileged. Much of this effort was voluntary rather than governmental in nature.

2. *Duplication of services.* In the 1880's the charity organization movement, designed to eliminate duplication in giving, began to take hold in many American cities. The charity organization societies in most instances attempted to demonstrate "constructive" relief giving as well as to coordinate the work of other relief-giving agencies; and as a result the coordinating function suffered. Shortly after the turn of the century several of the larger cities established councils of social agencies to provide coordinating services only, primarily between voluntary agencies, and this movement soon spread. Originally concerned with such matters as the operation of social service exchanges as a means of preventing duplication in services, the establishment of Christmas Bureaus, and pooling of community resources for camperships for children, these councils later took on a planning function as well.

3. *Adjustment and assistance services.* In the first decades of the twentieth century, many agencies began to be increasingly involved in the development of "undergirding" or "adjustment" services which could treat or rehabilitate, or which might provide a basic minimum of economic security. Social casework underwent rapid development in this period. See SOCIAL CASEWORK. Later, following the impact of the depression of the 1930's, relatively adequate public assistance and social insurance programs were organized under governmental auspices, and broader approaches to health needs were made through both voluntary and governmental agencies, with increased cooperation ensuing.

4. *Concern with process.* Increasingly, community organization workers became concerned with the means used to achieve their ends; in other words, with process. In recent years the impact of dynamic psychiatry has been permeating the thinking of community organization workers, just as it earlier so vitally affected the practice of social casework and to some extent social group work. It is now generally recognized that participation is involved in effective social change, that professional workers must work with and through clientele on all levels, and that helping people involves helping them to help

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themselves to achieve goals in the fixing of which they have participated.

5. *Reflection of basic changes in the economy.* During the past twenty-five years the proportion of the population living below reasonable minimum standards has markedly diminished. At the other end of the scale, there are fewer individuals with very large individual fortunes. As the standard of living has risen, as the economy has become richer, it has become possible for communities to support many health and welfare services which could not have been afforded earlier. To a very major degree the giver of the social services, through both taxes and voluntary contributions, is now also the receiver. Thus increasingly have been developed professional services to help people help themselves.

These stages in the development of community organization practice have not been clear-cut. The newer health services, for example, are evidence that alertness to a specific need has been recent in many instances. Advances in medical science have made possible more effective treatment of certain serious diseases. A richer economy can now afford new, comparatively expensive services. One of the current conflicts in community organization practice is related to the fact that different community needs and different community services are at different stages of development.

Where Community Organization Practice Occurs

Community organization practice occurs in many social work settings, among the most important of which are the following:

1. *Primary settings.* Latest estimates indicate that approximately 5,000 of some 90,000 to 100,000 persons engaged in the professional practice of social work are employed in what may be called "primary" community organization positions. (Incidentally, in contrast with most other specializations in the field, the majority of these practitioners are probably men). Included in this estimate are professional personnel in community chests and united funds, community welfare councils, race relations programs, intercultural pro-

grams, interfaith relations programs, sectarian federations of voluntary agencies for fund raising and/or social planning, mental health associations, health federations or councils which may or may not be associated with community welfare council planning machinery, "mixed" agencies such as the American Red Cross where (in this instance, in relation to disasters and military services) community planning may be combined with direct service, professional associations in the field of social work and related fields—which in larger communities may have employed staff—and conference groups, which may be for exchange of opinion only or may have social action phases in their programs.

In the years since World War II there has been a mushrooming development of community organization services given directly to communities, rather than related to the coordination of existing agency services, or to direct promotion of specific programs. Rapid population shifts in the United States within the past decade have presented situations in which traditionally organized services could be of little help, in which communities themselves had to mobilize their own thinking regarding their own needs, with professional assistance, to marshal community forces toward new self-determined goals. By 1956 well over fifty American cities were giving professional staff service to area and neighborhood planning programs of this type under various types of auspices—community welfare councils, citizens housing associations, public housing authorities, and so forth. The movement has been so rapid that no accurate count of current services of this type is possible.

Organizations providing the various kinds of planning services indicated above have an infinite variety of structures. Some are based on delegate representation (as is the case with most community welfare councils) with the governing body consisting of duly appointed representatives from member agencies and organizations. Some (such as professional membership associations) are individual membership organizations, in which the members speak for themselves only and not

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for any organized agency or group. Some are councils or committees formed to assist planning programs of operating agencies, with individual members selected to represent various types of community groups and interests but not formally selected by these groups. Finally, there are organizations with self-perpetuating boards and hence lacking a democratic community base (such as some community chests and united funds).

2. *Secondary settings.* Community organization practice occurs also in settings where an operating program, more often than not relatively single-purpose in nature, is the primary function of the agency. Here community organization may be regarded as a secondary activity. Community organization practice in these settings takes place in a variety of ways. For example, the agency may maintain an organized community organization bureau or department, this being particularly true of some state and national programs. In California the Youth Authority has a bureau of community organization, and in Wisconsin the Division of Youth Services in the State Welfare Department has a section on community organization.

Every agency must carry on educational and promotional activities to insure that its own program will receive adequate support. In addition, it has a responsibility to recognize unmet needs in related areas of service, and to see that these needs are met. Further, coordination of the agency's services with those of others is essential. These responsibilities rest primarily with the administrations of the individual agencies concerned, although in democratically administered programs there may be participation by supervisory and practitioner personnel. Such decentralization of responsibility is a necessity in properly administered large multi-purpose programs (such as in the American Red Cross and in multi-purpose public welfare departments) and conversely must also occur in small settings (such as in rural child welfare services) where often one professional worker, or a small professional group, must carry major community planning responsibilities. In several recent studies it has been

shown that a considerable part of the practitioner's time in a direct service agency is taken up with community organization responsibilities; and in one recent study in a major metropolitan center it was found that the average agency practitioner normally was carrying on inter-agency relationships with at least ten different individuals or groups at any one time.

3. *Host settings.* The social worker is often in the position of working in "host" settings, in which primary administrative and policy-forming responsibility is carried by other professional groups. This is most notably true in medical and psychiatric settings, and is often found in chest-council and other voluntary community planning organizations where policy formation is in the hands of persons working outside the framework of established social work practice. Within host settings, community organization skills are often needed in bringing the professional practice of social work into proper relationship to these other groups.

Types of Activity for the Worker

Community organization (or community disorganization) in relationship to health and welfare services, and community movement for good or ill (depending upon one's value system) take place whether community organization social work skills are used or not. Practical application of scientific knowledge of the behavior of individuals, groups, and communities or segments of communities (and the causes and meaning thereof) derived from social work practice, provides techniques for recognizing true needs, really desired goals, and ways of achieving more fruitful and more lasting community development.

In achieving social work goals the community organization worker is involved in at least the following areas of activity:

Staff service to intergroup committees, giving less formal staffing to group conferences, and engaging in negotiations between individuals, groups, or agencies.

Consultation service. The worker is expected not only to have extensive technical knowledge in his area of activity, but also

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to be able to provide agency personnel, board members, and interested citizens with consultation regarding agency needs and services. In several recent studies it has been shown that community organization workers in primary settings (such as community welfare councils) may devote as much time to consultation service as to committee staffing.

Engaging in education, interpretation, mobilization, and promotion. The worker must directly or indirectly bring to the attention of citizen groups the known social welfare needs and help to provide channels through which these may be met.

Providing supporting activities, including research and recording. Research in social planning programs is usually pragmatically geared to fairly immediate program needs. *See RESEARCH IN SOCIAL WORK.* Very little process recording takes place in community organization programs, however, except in controlled settings, for research and teaching use.

Skills Needed by the Worker

The focus of the worker must be on the community need rather than on the personal needs or interests of those who are engaged in the planning process. The worker must frequently establish and maintain relationships simultaneously with individuals and groups who may differ widely in their thinking as to the means to be used in attaining a common goal.

The role of the worker is dependent to a very considerable degree on his orientation to community organization. The worker may regard himself as an "enabler", or as a "creative leader" (perhaps largely in areas of reform and planning), or as a professional worker using professional discretion, the last-named involving a differential use of skills in a variety of purposes and settings. Whatever his orientation, he must be aware of the "chain reactions" which may result from what he does, keeping in mind that he must continue to live with the community and its people.

In meeting needs, it is now generally recognized that one has to start at the point where people see and recognize their own needs. Moreover, the pace of movement can

be only as fast as people can understand, assimilate, and develop. Further, when professional services from social workers are necessary to help the client-community in achieving goals of well-being and adjustment, it is of primary importance that there be established between worker and client a sound professional relationship in which the client can feel assured of being neither manipulated nor "let down". Worker and community are involved together in a process of movement whereby things happen; whereby better services, deeper insights, greater independence, and greater maturity are made possible for the community.

Training

Since the 1930's basic classroom courses in community organization have been in the required sequence of accredited graduate schools of social work.

A large proportion of the graduate schools of social work offer a specialization in community organization to at least occasional students who are ready for it. The fact that so few are ready, at least for training for positions in coordinating agencies, means that the results of the educational programs in this specialization frequently do not measure up to those secured in the better established areas of casework and group work. In recent years there has been an average of approximately 100 field work placements in community organization in between fifteen and twenty of the accredited schools of social work. It should be noted that many of these placements have been used by foreign students who plan to return to their own countries.

In general it is assumed that personnel trained for community organization positions should have the same personal qualifications as are desired for caseworkers and group workers. The "promoter", the "cause reformer", and the "authoritarian personality" have no more place in professional community organization practice than in other areas of social work, yet because of the planning and promotional features of community organization work they may naturally gravitate

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to this field despite professional advice to the contrary. At the same time, some of these personality traits in moderation, with adequate insight on the part of the worker, may offer much to community organization practice.

In the training of community organization workers in schools of social work, much of the field work is still on the level of apprenticeship placement rather than being professionally supervised. The worker in training (or the beginning practitioner) too frequently is not helped to achieve awareness and use of self, and to realize the effect he may be having on his professional environment (or that on him) to the degree that is found in other areas of social work practice. A further limitation is the paucity of process-record material for teaching purposes.

Recent Developments

Major recent developments of concern to practitioners in community organization include the following:

Increasing attention is being paid to the relationship between physical and social planning, particularly in larger communities.

There has been a rapid development of professional community organization service in the United States at both the city neighborhood and the suburban level, as well as internationally in relation to underdeveloped areas. This development is occurring much more rapidly than it is possible to train technical personnel for the positions created by it.

There are many unresolved conflicts in voluntary community planning and fund-raising programs. Although united funds are increasing, independent voluntary health agencies, in contrast, seem to be strengthening their appeals.

Citizen participation in policy formation in community organization is increasing. More and more community organization agencies in social work are structured with boards composed of experienced lay leadership.

There is increasingly realistic recognition among community organization workers of "power structures" in communities—not just business, industrial, labor and governmental,

but also of the power structure frequently inherent in health and welfare agencies themselves, and understanding of their significance to social welfare planning.

In repeated testings in communities in various parts of the country it has been demonstrated that about six per cent of the population require about fifty per cent of the major social services. There is growing emphasis on earlier detection of problems, and a greater interest in prevention, than was true earlier in community planning.

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COMMUNITY WELFARE COUNCILS are local voluntary associations of people and organizations designed to coordinate and plan community welfare services. Their objective

† For address of periodical listed see Appendix.

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is to guide the community in making sound policy and budget decisions with respect to its health, welfare, and recreation programs. They help establish and maintain a favorable climate for orderly development of such local services.

There are probably as many as 700 councils throughout the United States and Canada. They are variously known as health and welfare councils, welfare federations, councils of social agencies, and united community services. They are urban organizations, and are to be found in practically all communities of 100,000 population or more and in a number of smaller communities as well. Professional staff service is employed to manage the councils in the medium and large-sized cities. Smaller communities usually do not have staff but rely on volunteers to carry out the program.

Councils had their beginnings in the early charity organizations before the turn of the century. During this period, many independent agencies were formed to care for the health and welfare needs of the "poor." It soon became apparent that some form of coordination was needed. In the larger communities this resulted in establishing "exchanges" and "indexes", so that agencies could clear on cases and prevent duplication. In 1909, Milwaukee and Pittsburgh organized councils of social agencies to coordinate the local health, welfare, and recreation services. During World War I, communities organized joint appeals for support of local and war-related voluntary services. The success of such campaigns led many communities to decide that annual united appeals were a sound approach for continued support of local voluntary services. These efforts to coordinate services on the one hand and fund raising on the other resulted in the formation of local community chests and councils in the early 1920's. Following World War II, many new community services were organized to meet the needs of people in our growing and changing communities. The necessity for sound community planning placed increased responsibilities on councils to measure up to their important functions of coordination and planning. To-

day, councils are recognized as an essential part of the local social welfare picture.

Councils endeavor to represent a broad citizen interest in community welfare matters. They conduct research on problems and services in the social welfare field. They help organize the community to study the facts secured, so that intelligent plans can be made for the proper development of essential programs. They consult with agencies and organizations on matters related to improving community welfare operations. They evaluate the services in the light of current and future community needs, and recommend expansion, change, or curtailment as the case may be. They perform certain educational functions for the community so that there will be a clearer understanding of social problems and proper support for measures designed to alleviate or prevent them. They coordinate existing services so that the needs of people will be better met, so that duplication will be reduced, and so that gaps will be filled.

These methods are designed to guide and influence the community as it makes policy and budget decisions for the proper development of community services. To accomplish such results, councils work with local social service agencies, interested professional groups, civic organizations, fund-raising bodies, foundations, and public officials responsible for setting policies and appropriating tax funds in this field. The effectiveness of a council rests on the confidence placed in it and the use made of its recommendations by the major decision-making groups in the community.

Councils and the Community Organization Process

In their efforts to define the needs of people, to develop plans to meet such needs, and to initiate community action to get results, councils use community organization methods. See COMMUNITY ORGANIZATION FOR SOCIAL WELFARE. They have their roots in the community and bring responsible lay and professional persons together for appraisal, study, and action on community welfare issues. As voluntary groups, they have no direct

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administrative authority over any agency or service operation in their communities. They achieve their influence through knowledge of facts, good workmanship, and sound procedures involving the decision-making groups in the community. This process of community planning is enhanced when councils employ experienced and trained staff with research and community organization skills. Such staff service gives leadership to the community as it constantly evaluates its welfare needs and balances these with its resources to meet them.

The Typical Council

Council membership is based on delegates or representatives from local agencies, both tax-supported and voluntarily supported, which operate services in the health, welfare, recreation, and related fields. In addition, many civic organizations, professional groups, business and industrial associations, labor organizations, religious groups, and individuals maintain membership because of their interest in community welfare matters. The council membership meets at least once a year to hear annual reports, elect members to the board of directors, and approve proposed major organizational or policy changes. Some councils have more frequent membership meetings for regular program reports and other educational functions.

The actual policy and program control of most councils is vested in a board of directors. Smaller communities tend to have boards of from 20 to 25 members; larger communities, of from 30 to 50. Boards are generally elected by the council membership for specified terms of from 2 to 3 years. The usual practice is to rotate board membership after two consecutive elected terms. Most council boards meet monthly to transact council business. Larger boards usually have executive committees to act for the board between regular meetings and in emergencies.

Councils are usually organized internally into a number of planning divisions and common service departments to carry out the work program. The three typical divisions are: health, family and child welfare, and recreation and informal education. Each di-

vision is composed of those agencies, organizations, and individuals having a particular interest or responsibility for community service in the stated field. A planning committee, representative of these interests and balanced with lay and professional members, performs many of the coordinating and planning functions of the council in that field of service. Planning divisions have varying degrees of autonomy depending on local traditions and council structure. They usually have representation on the council board. In the medium and larger councils, professional staff service is assigned to work with such planning divisions. In some councils, mainly the larger ones, more specialized planning divisions exist to deal with community services for hospitals, aging, juvenile delinquency, and rehabilitation. In some communities, separate specialized councils exist outside of the community welfare council structure. These include recreation councils, youth councils, and hospital councils, to mention a few.

Common service departments constitute the other major part of council internal structure. Generally these departments function for the community at large and for its social welfare agencies. Most councils provide an information and referral service to the entire community. A skilled social worker assists people to obtain the proper help or information quickly and efficiently. A daily operation of this kind points up gaps in the network of community services. This leads to temporary solutions on a case basis, but what is more important, focuses attention on new or changing community welfare problems. These are then defined and it becomes part of the council's responsibility to plan and act on effective solutions. Councils also periodically publish directories listing and explaining local community services for quick reference and referral.

Most councils in medium-size and larger communities operate volunteer bureaus to recruit volunteers and interpret social service programs to citizen groups. In this way clubs, civic groups, and individuals learn and understand more about community services and are more responsive to channeling their inter-

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ests and support where important needs exist. The bureaus also help agencies strengthen their volunteer programs. Seasonal projects, such as Christmas Clearing Bureaus, are usually operated as part of a council's volunteer bureau. *See CITIZEN AND VOLUNTEER PARTICIPATION IN SOCIAL WELFARE.*

Councils in many communities administer social service exchanges to provide better coordination among welfare agencies. Cases are cleared through a central registry to provide better service and avoid duplication.

Most councils provide various fact-finding and research services for their own study projects and for other groups in the community. These have to do with surveys of community needs, population trends, statistics on the volume and nature of local services, interpretation of the local economic picture, and specific analysis of social problems within the community. The larger councils maintain research departments with specialized staff to perform this function. In such cases it is possible for councils to provide additional services such as consultation with agencies on research matters and initiation of more formal research projects on larger community welfare problems. *See RESEARCH IN SOCIAL WORK.*

A few councils have public relations departments to organize and channel news about council and community service activities to the public. Newsletters, special reports and releases to public news media are the methods usually employed. *See PUBLIC RELATIONS OF SOCIAL WELFARE.*

Some of the larger councils have decentralized part of their planning and common service functions into neighborhoods, districts, or adjacent counties. District offices have been established for information and referral services, for volunteer service, and for staff service to neighborhood planning councils.

Relationships with Chests and United Funds

Traditionally, councils have been closely allied with community chests. Many started as social planning committees of chests. Others were part of an over-all chest and council organization but with separate identity and

by-laws. A few were started as separate non-profit corporations but with certain working agreements written into the by-laws of both chest and council.

Today a majority of councils are legally separate from the major voluntary fund-raising bodies in local communities. This is almost completely the case in the larger cities. The development of united funds as donor organizations has had an influence on this trend. *See UNITED FUNDS AND COMMUNITY CHESTS.* In some cities, councils merged with chests as the united fund was established. In these cases, the new organizations, sometimes called united community services, took on the budgeting responsibility for local services from total allotments made by united funds.

Practically all larger councils have their own executive directors responsible to council boards. In many medium-size and smaller communities, the council executive is either an associate of the fund-raising executive or he carries both planning and fund-raising responsibilities.

Most councils receive a major portion of their operating budget from united funds and community chests. All derive a small income from membership dues, fees for service, and sale of publications. A few have been able to secure support for parts of the operating budget from foundations and local tax funds. A number receive grants for special studies from both private and tax sources. As councils become more independent and broaden the scope of their interests, it is expected that financial support will become somewhat more diversified.

Neighborhood and District Councils

Our society has a rich tradition of neighbors working with neighbors to solve their common problems. This has been expressed in our political structure through voter participation at the precinct level. It has also been expressed in a voluntary fashion through neighborhood citizen organizations designed to deal with problems affecting the well-being of neighbors.

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The local nature of such groups results in many forms of organizational structure, program, and financing. A neighborhood usually encompasses a small geographical area with certain natural boundaries, similar to that served by an elementary school. A district is larger, includes a number of neighborhoods, and is comparable to the area served by a junior or a senior high school. Neighborhood and district councils are made up of local residents, representatives of civic, fraternal, religious, educational, business, labor, and professional interests in the local area, and representatives of health and welfare organizations serving the area.

Neighborhood and district councils concern themselves with a wide variety of projects designed to improve the living conditions in the area. They have spearheaded action on such problems as delinquency, lack of recreation facilities, unsanitary conditions, zoning infractions, bad housing, and racial tensions. They provide a means whereby neighbors can work together to solve their local problems and, through their association with each other, help establish a neighborhood climate to prevent potential problems from developing.

Continuity and permanence in neighborhood organizations are strengthened when staff service and leadership are given by a community organization worker. In some places this is provided by a local agency, such as a social settlement. In other places local governmental units, such as juvenile courts, public schools, and, more recently, urban renewal agencies, are providing such leadership. Community welfare councils, mainly in the larger cities, have encouraged the development of neighborhood and district councils and have assigned staff service. In a few instances neighborhood organizations have been financed and staffed by the neighborhood groups themselves.

Neighborhood organizations have a significant role to play in the development of community services for better living. They can provide the link between local citizen interest of a broader nature with the more specialized

interest of metropolitan-type agencies and planning organizations.

Recent Trends

Accelerating changes in community life during the past fifteen years have had a decided effect on the development of community services and will no doubt provide an increasingly important influence in the years ahead. Some of the more obvious changes are: sprawling growth of urban communities; population increase, with bulges in the youngest and oldest age groups; constant movement of people from country to city, from city to city, and from central city to suburb; continued expansion of the economy, with resulting higher standards of living; mastery of new knowledge and techniques to treat and prevent human and social ills; increased requests and resulting development of new and expanded community services; and mounting costs to taxpayers, contributors, and users.

It is now estimated that annual welfare costs in the larger communities total about \$70 per capita. Over 50 per cent comes from tax sources, up to 10 per cent from contributed funds, some 35 per cent from fees paid by those receiving services, and the remainder from investments and other miscellaneous sources. This represents a substantial and important portion of community business.

Community leaders, in attempting to balance the needs for new and expanded services with available community resources, are raising significant questions about the future pattern of welfare services, their administration and financing. These questions go deeper than mere rearrangement of existing services, annual budget allocations, or specific agency expansion plans. They are directed, more properly, at the long-range trends which, when clarified and planned for, will give a community sound guidance for the day-to-day decisions. They also are directed at a more mature and orderly development of essential programs, with less dependence on the haphazard and emotional creation of services which has been so much a part of the traditional approach.

Community Welfare Councils

To help find the answers to the larger and long-range questions of community welfare development, community leaders have initiated studies of their network of local services and the needs they purport to meet. Some have taken the form of over-all surveys lasting from several weeks to many months. A few communities have established independent research organizations to get at the facts. Most communities have turned to their councils to conduct ongoing studies of social problems and services. This has resulted in more emphasis on research, and a few councils have strengthened and expanded their research tools to do a more effective job of study and planning.

As councils face up to the challenge of tackling the larger social welfare issues in order to give more authoritative guidance to the community in the development of welfare services, certain changes in procedure and structure are taking place. These can be summarized as follows:

Membership. A few councils have modified their membership base, giving more emphasis to broader citizen membership and less to agency membership as such. Attempts to broaden the membership base reflect the desire of many councils to represent more adequately citizen interest in community welfare matters. They also reflect a conviction that lay citizens must take an active part in council work and in the policy decisions to be made. This emphasis on lay responsibility does not lessen the necessary and important participation of agency professional staff in the process of community planning.

Internal structure. A number of councils have streamlined their internal structure to allow a more flexible approach to studying community problems. Some have abandoned planning divisions entirely in favor of "project" committees, which are appointed to study and make recommendations on a specific problem and then are disbanded. Other communities are trying a more modified approach by maintaining a simplified version of divisions for certain education and communication benefits, and establishing special study projects as needs arise.

Certain changes are also taking place within the common service departments of councils. More emphasis is being given to information and referral service. Councils are reviewing the role of the social service exchange. Some exchanges have been closed and others have been modified to meet more nearly today's needs of agencies. *See SOCIAL SERVICE EXCHANGES.* Volunteer bureaus are placing more emphasis on community education, on club projects rather than individual volunteer recruitment and placement, and on agency responsibility for specific training and assignment of volunteer help.

Program. The work program of many councils is gradually broadening to include studies and plans of more fundamental social welfare issues. A large part of the work load is still focused on agency studies and coordination, mainly of united fund and community chest agencies. There is a mounting interest and activity in more systematic and regular analysis of tax-supported health and welfare services. This is expressed through annual reviews of public agency plans and budget requests, through closer working relations with public officials, and through more detailed study of public welfare issues and preparation of information and recommendations for local legislative bodies. Some councils have established long-range planning committees of representative citizens who are responsible for taking a 10 to 15 year look ahead. They will help set the pattern for evolving social services and the financing needed. Their recommendations will be of immediate and practical value to council committees and others responsible for the day-to-day decisions. These efforts to inject the more significant community problems into the council work program will necessarily mean that some former, less important council activities will be dropped or curtailed. These changes in program emphasis will require more careful screening of projects undertaken and more judicious assignment of staff and volunteer citizen time on the essentials of the council work program.

Research and planning. Probably the most significant change now taking place among

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councils is the increased importance given to research. In the past, research was thought of mainly as fact-finding and statistical reporting on agency services. The growth of cities, the constant expansion of services, and the problem of adequate financing have brought many communities to recognize the importance of using applied social research skills in helping to find more basic solutions. Community leaders have found that a research approach to planning for business and industry is essential. The day of making decisions on hunches is passing. Civic leaders also have found that physical planning of a community is on firmer ground when research skills are brought into play. It is no longer wise to allow cities to grow in a haphazard manner. These same leaders now are convinced that research can give the factual analysis and help provide the objectivity necessary to make realistic and sound plans for welfare services. Councils are attempting to provide better research tools for the planning process. There is a shortage of trained personnel to conduct community welfare research. National efforts, with foundation funds, now are under way to stimulate such training in schools of social work, so that qualified researchers will be available to councils as staff positions open.

Decentralization. The physical expansion of metropolitan areas and the consequent development of suburban communities have intensified the need to extend necessary welfare services to the new residential areas. Individual agencies are responding to this need by reorganizing to serve larger geographical areas through field service or branch offices. In many cases, the new communities are creating services of their own to meet their needs. Councils, in order to execute properly their planning functions, are expanding their geographical boundaries across political lines to include the entire metropolitan area. Before the post-war suburban boom, the larger cities were already facing and experimenting with the problems of decentralized planning. Most of the councils in large cities have had experience with providing staff service to neighborhood and district councils. For the most part, however,

such neighborhood organizations are within the central area of the city.

Today the problem of decentralized planning is accentuated both within the city and in the suburbs. Cities are experiencing major shifts of population from the city to the suburbs. The central city areas are being populated, in many cases, by minority groups and unskilled workers moving in from rural areas. This shifting of population is creating problems of living in the cities affected. City officials, community leaders, and social planners are searching for answers. Councils have a responsibility to give leadership to help ease racial tensions, bring about necessary changes in health and welfare services, and help educate all residents, so that proper action will be taken for better community life.

The problem in the suburbs is different but no less important. Councils have two responsibilities: to work in advance with the general community to insure adequate physical and social planning for the new suburban areas, and to begin work immediately with the residents of new areas and representatives of social welfare agencies to help plan an orderly development of community services. This requires a broader perspective on community needs, new and possibly more streamlined approaches to the administration of agencies, and more emphasis on full payment for services received. Councils are becoming aware of these problems and opportunities in decentralized planning, and are cooperating with national efforts to secure foundation support for local demonstration projects of this nature.

Emerging Council Role

Councils are in a transitional period. They are broadening their objectives and focus to deal with significant social problems. They are gradually changing their base of membership to represent better the total community, and not just the social welfare agencies. They are vesting more of the policy control in lay citizen boards. They are becoming more independent and impartial in their recommendations. They are seeking ways to streamline their internal structure in order to deal with

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community welfare problems more effectively. They are giving more stature to the role of research in community planning. They are turning more of their attention to the larger tax-supported programs, as well as continuing their traditional emphasis on united fund and chest-supported services. They are consciously looking ahead to make long-range plans in order to get beyond the daily stopgap planning so characteristic of many communities.

These represent significant changes in the role of councils, and some may question the feasibility of such a development. Some even may have serious doubts that any voluntary group can plan effectively with a community for the orderly development of community services. Such doubts are plausible when it is remembered that in our society any person or group seeing a problem is free to organize a service, arrange financing, and meet a need. The meeting of human needs has always been charged with emotion, sentiment, and personal satisfaction. There are, however, many indications that communities are becoming more mature in their approach to community services. The human element should and will remain, but a community organization approach, including properly applied social research skills, can provide the most effective means to achieve solutions best for the whole community. Community welfare councils provide one important way to get this job done.

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HOWARD F. GUSTAFSON

CONFERENCES IN SOCIAL WELFARE.

As used in this article the term "conference" refers to (a) an organization whose major function is to provide a forum for the presentation and discussion of problems and issues in the field of social welfare and in related fields; and (b) the forum activities of organizations in the social welfare field which have other primary functions.

Conferences have an important place in our democracy and particularly in social welfare; where they serve as a unique means of communication and of informal education for a young and self-conscious profession. As in any new and developing profession, the new departures in thinking and practice in social work and its experiments and demonstrations are usually first presented at a forum, then are reflected in proceedings and articles in periodicals, and much later appear in books.

The conference, as an organization, is an informal educational agency utilizing the process of community organization and generally based on individual and organizational memberships. Operational activities are not undertaken, but the conference may have other functions besides the forum, such as social action, public relations, planning, and coordination. Conferences operate under both sectarian and nonsectarian auspices, and mem-

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bership is customarily open to anyone interested in the organization's purpose.

Objectives

A conference in social welfare usually has some or all of the following objectives: (a) to provide a medium for interchange of ideas and techniques between laymen and professional workers, racial groups, specialties within the field, public and voluntary agencies, and sectarian and nonsectarian groups (in a conference under sectarian auspices the chief purpose is to provide for interchange within the sectarian group); (b) to discuss and appraise current economic, political, and social conditions affecting social welfare; (c) to emphasize common elements present among workers and organizations concerned with social welfare programs and services; (d) to assist individuals and organizations with their specific technical and professional problems through meetings, exhibits, consultation service, and the use of audio-visual aids; (e) to develop citizen understanding and support of and participation in social welfare activities; (f) to assist in sustaining morale among volunteers and paid workers of social welfare organizations; (g) through proceedings, to provide a chronological and cumulative record of major developments in the social welfare field; and (h) to provide auspices for meetings of related specialized groups.

Although not regarded as primary objectives, there is general agreement that there is considerable value in the informal discussions that take place outside the meeting rooms at conferences and in the personal contacts that are made. Conferences are also frequently used for personnel interviewing and selection, as well as for consultation with representatives of national and state organizations.

The objectives of a conference conducted by a specialized or operating organization are generally narrower and related specifically to forwarding the program of the organization. These may, and often do, include (a) the provision of training for persons (both lay and professional) connected with the organ-

ization; (b) formulating the program of the organization for the immediate future and deciding on methods to be followed in its implementation; and (c) reporting to the agency's membership or constituency and to the public on the organization's program and activities. Here, too, the informal personal contacts and fellowship which take place are felt to be of real value.

Methods and Techniques

Conferences utilize various methods, techniques, and services to achieve their objectives. This is an area which has been the subject of much analysis and experimentation in recent years, with many persons feeling that the social welfare field has been slow to make use of some of the results of study and research going on in other fields, for example, adult education.

The methods generally employed in conferences in social welfare include:

1. *Presentation of papers.* Individual papers have traditionally played an important role in conference meetings, providing opportunities for selected persons to present the results of study or scholarly thought on a specific problem, method, or process. A good manuscript, adequately documented and skillfully presented, can stimulate among individuals and groups a real ferment of ideas that may lead to progress in thinking and action. On the other hand, too frequently the papers at social welfare conferences have been based almost entirely on the isolated experience and personal opinion of the author. Typically, at social welfare conferences there are also a number of papers by highly regarded persons (either in the field or from outside) which might be classified as philosophical or exhortatory. These are regarded as playing an important part in achieving the objective of maintaining morale among workers.

2. *Group discussion.* Discussion in small groups is one of the most widely used forum techniques. Here the emphasis is on participation by the group members under the guidance of a qualified leader, and the purpose is generally for the participants to attempt to evolve—out of their ideas and impressions

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gained from their own experience—some common understandings and concepts.

3. *Institutes or workshops.* These are often a major part of a conference. Generally they deal with specialized and technical subject matter, and the purpose is to help the worker do a better job when he returns to his agency. The leader is an expert in the subject matter to be studied, the size of the group is usually limited, and efforts are made to provide a genuine learning experience for the participants. State conferences, as well as other groups, have organized and utilized institutes very effectively in their programs.

4. *Audio-visual aids.* These aids are being used increasingly by conferences. Films, recordings, and dramatic presentations are being introduced into the regular meetings in an effort to increase their effectiveness. Many conferences now have extensive exhibit programs in order to bring to the attenders visual presentations of developments in the field, the latest professional publications, and other tools helpful in carrying on social work activities.

5. *Consultation.* Frequently carried on in conjunction with the exhibits, consultation service is usually provided by qualified staff members of agencies. By this means individuals receive help on their technical and professional problems. Consultants, at the same time, have an opportunity to interpret their aims and services and to keep informed about developments in the field.

6. *Publications.* The published proceedings of conference meetings represent an important part of the professional literature in the social welfare field, providing as they do a cumulative record of significant developments and constituting a valuable resource for students and workers.

Local Forums

The forum function in social welfare is carried out at every geographical level.

Many communities have social workers' clubs which are the local version of a conference. Generally, they are informal membership organizations, open to any interested person, and they meet at regular intervals to

consider matters of interest to the members. The opportunities provided for fellowship are an important aspect of these clubs.

Community welfare councils carry on forum activities as a part of their regular program. Many of them have one-day community-wide institutes, or meetings on an annual basis, which appear to meet a real need. Local chapters of the National Association of Social Workers provide their members with meetings and discussion of matters of professional concern and often have meetings on broader subjects which are open to non-members as well.

State Conferences of Social Work

Every state has a state conference of social work (often known by another name) except Alaska and Hawaii. Organization of the first state conference in Wisconsin in 1881 initiated the movement which led to the formation of a network of statewide forum bodies across the country. This development and the growing importance of social welfare went hand in hand.

In recent years many state conferences have added some aspect of social or legislative action to their forum function. Some now provide counseling services to local communities, particularly on problems of planning and fund-raising. Other activities include statewide recruiting for social work students, registration and certification of workers, study and research on state welfare problems, maintenance of speakers' bureaus, and promotion of local discussion groups.

The Michigan Welfare League, Wisconsin Welfare Council, Missouri Association for Social Welfare, and California Association for Health and Welfare are examples of state conferences which have adopted social planning as their major function but have retained the forum function as an essential part of their programs. In other states, New York and Ohio, for example, separate organizations carry on many of these other activities, and the state conferences have remained strictly forum bodies. Functions of state conferences are thus influenced by the need for a statewide

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voluntary agency to assume responsibility for planning and legislative action, and in states without such organizations the conferences have generally accepted the functions. It should be mentioned that in the states with separate planning and social action bodies, these groups usually carry on certain forum activities under their own auspices to forward their own programs. See STATE AND REGIONAL WELFARE ORGANIZATION.

Every state conference conducts an annual statewide meeting, and many conferences supplement this with anywhere from one to thirty district meetings in various sections of the state in a single year. They consider these district meetings a particularly valuable activity, since they bring forum opportunities to workers with low salaries who are unable to travel any distance to attend state or national conferences. Experience indicates also that the proportion of laymen participating in meetings increases with the number of district meetings.

The annual budgets of state conferences range in size from \$200 to \$300 for several operating completely on a volunteer basis, to \$65,000 a year for one of the larger ones with full-time professional staff and a broad program of activities. For all conferences together approximately 50 per cent of their total income is derived from membership fees (both individual and organizational). Other sources of income are: community chests in the state, state welfare departments, registration fees, institute fees, and sale of publications. A few state conferences have small grants from foundations, but usually for special projects rather than to support the ongoing program. Many state conferences are experiencing difficulty with finances for a number of reasons.

National Conference on Social Welfare

The National Conference on Social Welfare has since its establishment been one of the most important forces in American and world social welfare. The history of the Conference, which was founded as the National Conference of Charities and Correction and later became the National Conference of Social

Work, is the history of social welfare in the United States.¹ Its present name was adopted by a vote of the members in 1956.

The major purpose of the National Conference is to provide a dynamic educational forum for the critical examination of basic social welfare problems and issues. At any given time it is an embodiment of the spiritual, scientific, and professional heritage of social work, enriched by contributions of both the state conferences of social work and the International Conference of Social Work, the latter a worldwide forum organization with which it has always had a close relationship. The National Conference does not adopt resolutions or take a position on issues discussed at its meetings.

As a matter of policy the Annual Forums of the National Conference are moved to various sections of the country in order to bring its benefits to as many people as possible. During the past five years the Annual Forum has been held in San Francisco (1959), Chicago (1958), Philadelphia (1957), St. Louis (1956), and San Francisco (1955). Each Annual Forum attracts between 4,500 and 7,000 persons. The program consists of over 350 meetings, 100 to 150 exhibits and consultation booths, a film theater, and employment and other special services.

The program of the Annual Forum is organized under ten major divisions, which attempt to provide a framework for coverage of all major aspects of the broad field of social welfare and which set a pattern followed by many state conferences and other groups.

In addition to the meetings planned by the Conference Program Committee, two days of each Annual Forum are set aside for meetings arranged by the "associate groups," approximately sixty-five national organizations which have an especially close relationship to the National Conference. These groups have the privilege of sponsoring meetings of their own on the days set aside for the purpose, or of joining with other associate groups in the sponsorship of combined associate group meetings.

¹ See Bruno and Towley, *infra*.

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The National Conference on Social Welfare is a membership organization having at the present time some 5,000 individual members and 1,200 organizational members (local, state, and national). In addition to the Annual Forum its program consists of:

1. *Publications.* These include *The Social Welfare Forum*, an annual bound volume of the official proceedings; additional volumes containing selected papers in casework, group work, and community organization; and a quarterly *Conference Bulletin*.

2. *Services to state conferences.* Since 1924 the Conference has provided the secretariat for the Association of State Conferences of Social Work, an informal organization for which it conducts regional and national meetings, collects and distributes material of interest to the members, makes occasional studies, and performs other services.

3. *International social welfare services.* The National Conference had much to do with originating and fostering the International Conference of Social Work and at present shares offices and staff with the international organization. In addition, the National Conference cooperated actively with the U.S. Committee of the International Conference and with other groups in fostering better understanding within the United States of international social welfare needs and services.

4. *Membership promotion and processing.*

5. *Membership participation.* This refers to the wide range of activities developed and carried on in order to give members full opportunity to participate in developing the program of the Annual Forum and the Conference publications, and in building the slate of candidates for election to office in the Conference.

The Conference operates on an annual budget of approximately \$150,000. Its major sources of income are membership dues, registration fees, exhibit fees, and sales of publications.

At the present time the National Conference is engaged in a study of its future role and structure. Since its activities are closely related to other forum activities in the field, attention is also being given in the study to

a number of important questions about "conferencing" in social welfare; for example, the increasing number of conferences, the problem of scheduling to avoid conflict, the danger of duplication of subject matter, and related questions.

Other National Conferences

There are a number of other groups at the national level which are concerned primarily with carrying on forum activities. These either have a special constituency (such as the sectarian groups) or limit their interest to some particular aspect of the broad field of social welfare.

The National Conference of Jewish Communal Service, for example, was founded in 1899 to provide a forum for discussion of problems and principles of Jewish social welfare and programs of Jewish social agencies, and to formulate principles and programs for the enrichment of Jewish life. See JEWISH SOCIAL SERVICES.

The Church Conference of Social Work brings church social workers together and seeks to develop interest in cooperation among churches and social agencies. Its meetings are generally held in conjunction with the Annual Forum of the National Conference on Social Welfare, although it has also sponsored occasional special conferences. See PROTESTANT SOCIAL SERVICES.

The White House Conferences on Children and Youth, held first in 1909 and at approximately ten-year intervals since, are probably the most important series of conferences relating to the social welfare needs of a particular group in the population. See "White House Conferences" in CHILD WELFARE.

A White House Conference on Education was held in December 1955 to consider the educational needs of the country. This was organized by the U.S. Office of Education under the guidance of a citizens' committee appointed by the President. The first White House Conference on the Aging is planned for 1961.

Many conferences are carried on by national organizations in furthering their objectives.

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The National Conference of Catholic Charities, founded in 1910, for example, is a service agency for Catholic social work, holding a large annual meeting as well as institutes. See CATHOLIC SOCIAL SERVICES.

Most of the functional organizations hold national meetings either annually, biennially, or triennially as an important part of their over-all agency programs. These are generally designed for the laymen and professionals directly connected with the agency, although frequently other interested persons are invited to attend. They cover all the functional fields—family service, child welfare, services to youth, fund raising, public welfare, planning, settlement work, and education for social work, to mention a few.

An increasingly vital role is being played by the regional conferences sponsored by many national organizations to supplement their national meetings. These provide a means for the organizations to reach a much larger proportion of their constituents than would otherwise be possible. The American Public Welfare Association and the Child Welfare League of America are two groups which make extensive use of this device.

There are many other national conferences in closely related fields which are of interest to social workers. Two of these are the National Recreation Congress held annually by the National Recreation Association, and the annual National Health Forum sponsored by the National Health Council.

International Conference of Social Work

The International Conference of Social Work is a permanent world organization for individuals and agencies concerned with meeting the social welfare needs of people. It provides an international forum for the discussion of social welfare and related issues. It is nongovernmental, nonpolitical, and nonsectarian and does not take positions on issues, nor does it have a social action function.

Dr. René Sand of Belgium proposed the establishment of an International Conference of Social Work at the 50th Annual Meeting of the National Conference of Social Work in 1923. With the help of some of the large

American foundations, the organization was founded and the first conference held in Paris in 1928. Since that time conferences have taken place as follows: Frankfurt (1932), London (1936), Atlantic City and New York (1948), Paris (1950), Madras (1952), Toronto (1954), Munich (1956), and Tokyo (1958). The next conference will be held in Rome in January 1961.

In addition to the biennial worldwide meetings, which are its major concern, the Conference carries on the following activities:

1. *National committee relationships.* The national committees in over thirty countries are the basic organizational units of the Conference, and efforts are being made to strengthen those now in existence and to assist with the establishment of new ones in other countries, particularly the less developed countries.

2. *Implementation of consultative status.* The International Conference has consultative status with UN, UNICEF, UNESCO, WHO, and the Organization of American States. Social work around the world has much to bring to the attention of these bodies, and the Conference endeavors to be in a position to meet their requests for advice and assistance.

3. *Study tours.* The Conference has sponsored social welfare study tours in Europe, India, Canada, Southeast Asia, and the United States in connection with its biennial meetings.

4. *Publications.* The Conference publishes proceedings of the biennial meetings and a quarterly journal *International Social Work*, the latter in cooperation with the International Association of Schools of Social Work.

5. *Promotion and fund raising.* This covers activities designed to assist the national committees to meet their financial commitments to the International Conference.

In this country the International Conference of Social Work is represented by a United States Committee, an autonomous organization elected by the individual and organizational members of the International Conference of Social Work in the United States. The functions of the United States Committee are: (a) to raise funds, through

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memberships or otherwise, for the United States contribution to the budget of the International Conference; (b) to arrange for all aspects of United States participation in the biennial International Conferences, including selection of American program participants, preparation of the United States report, and so on; and (c) to stimulate interest in international social welfare in the United States through the conduct of meetings at the time of the Annual Forum of the National Conference on Social Welfare and through other means.

Other International Conferences

Each year since the end of World War II has seen an increasing number of international conferences, many of which, just as at the national level, are carried on to focus attention on a particular problem and as an integral part of an organization's over-all program. Thus we find the periodic International Congresses on Mental Health of the World Federation for Mental Health; the World Child Welfare Congresses of the International Union for Child Welfare, the World Congresses of the International Society for the Welfare of Cripples; and many others. All these meetings, together with the International Conference of Social Work, are serving to help individuals in various professions in the broad field of social welfare to establish contacts with others of similar interests in other parts of the world. See INTERNATIONAL SOCIAL WELFARE.

Conferences in Other Countries

Many other countries, including some of the newly independent ones, now have national conferences of social work. Some are modeled after the U. S. National Conference, while others have a definite social action purpose. Some meet annually; others, like the Canadian Conference on Social Work, are biennial. Specialized conferences have also developed elsewhere, though nowhere to the extent found in the United States.

Developments and Trends

Some of the trends which can be noted

in all types of conferences may be summarized as follows:

1. *Need for evaluation.* There is a recognition that means of evaluation should be a part of every conference. It is no longer felt to be sufficient to arrange a series of meetings and consider the job done. Efforts are needed and are being made to determine, on a scientific basis, the reasons why people attend conferences, what their expectations are, what they gain from the meetings.

2. *Determining objectives.* Closely related to evaluation is the realization that objectives of conferences need to be clarified before there can be effective program planning. Too many meetings have been planned in the past without regard for the purposes for which they were being held.

3. *Multiplicity of conferences.* This is a problem of growing concern at the state, regional, national, and international levels. It is hoped that the National Conference on Social Welfare study referred to above will produce data that may be helpful in ameliorating the present somewhat confused situation.

4. *Partnership of paid and volunteer workers.* Although conferences provide a common meeting ground for paid workers and volunteers, in recent years the professionals have tended to dominate many conferences in social welfare. There is a growing conviction that if conferences are to continue their traditional role, a balance between these two groups is essential.

5. *Growth of interprofessional conferences.* There has been a growing number of interprofessional conferences dealing with specific problems in recent years. The White House Conference on Children and Youth is an excellent example of this. Many conferences in the social welfare field, including the National Conference on Social Welfare, are making an effort to increase the number of participants from related disciplines.

It has been said that conferences and conventions are characteristic phenomena of the American way of life, and that social welfare is no exception to the rule. Indeed, there is evidence to support the belief that in this

particular field conferences have played and are continuing to play a particularly significant role.

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CORRECTIONS. In current practice the field of corrections is limited to the treatment

of the offender after conviction and sentence. Problems of law enforcement, the administration of the criminal law, and judicial procedure are still undertaken separately and independently, although all obviously form a part of the broader areas of crime control and prevention. There is a growing realization that these distinctions have been unrealistic, and that a greater efficiency and benefit to society would be brought about if the essential unity and continuity of the entire process were strengthened. Experienced correctional workers are familiar with the difficulties in the correctional treatment of offenders who have been made hostile and resentful during the process of arrest and conviction.

In recognition of this principle the Ford Foundation in 1955 granted funds to the American Bar Foundation for a research program which would investigate the system of criminal justice in the United States, the field of investigation to cover four main divisions: the police function, the prosecution and defense of the criminal actions, the criminal courts, and probation, sentence, and parole. With this investigation still uncompleted, the Ford Foundation in March 1958 awarded \$242,000 to the University of Illinois for a four-year study of "Measures to Increase the Effectiveness of the Federal Correctional System." Under the direction of Professor Daniel Glaser the University's research team will focus its study upon three broad areas: specific failure rates of different types of offenders released from federal institutions; factors contributing to success or failure of releasees as shown by their return to crime, with particular attention given to their behavior and experience during the first year after release; and practical measures and programs best designed to reduce recidivism. While the studies will center upon federal offenders and institutions, the findings are expected to prove instructive to the field of correction generally.

The field of correction involves the operation of prisons, reformatories, training schools for boys and girls, and the administration of probation and parole systems. These correctional agencies are charged with a two-fold

† For addresses of periodicals listed see Appendix.

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objective: that of maintaining the secure custody of offenders committed to their care, and that of providing such treatment as will direct their behavior into more law-abiding channels. The achievement of these two objectives requires the skills of trained custodial administrators in combination with the services of many professional groups including psychiatrists, social workers, psychologists, educators, and chaplains. In meeting the many needs of any correctional institution, one of the major administrative problems is to mobilize and integrate the specialized skills required for the custody and treatment of the inmate population.

The prisons of the United States reflect a heterogeneous mixture of traditional penal practices and the latest in correctional techniques. Many variations are to be found in the correctional objectives of different administrations, in programs of treatment, and in systems of personnel recruitment. In order to encourage the development of basic and uniform standards in correctional practices, the American Correctional Association rewrote and in 1959 published its *Manual of Correctional Standards*, prepared by a group of specialists in correctional services of the United States and Canada and last issued in 1954. The underlying principle in the formulation of these standards is expressed in the following statement:

In recent years, the continuity of the correctional process from the moment of conviction to the final release from legal control has been increasingly stressed. It is recognized that probation, institutional care, and parole are all parts of the same process; that the same offender may pass through each stage of the process, that many of the same techniques and methods are employed in each stage; that essentially the same data are significant throughout the process; and that decisions on care, custody, training, treatment, and the time and conditions of release, should all be based upon the offender's prior history and upon detailed knowledge of how the correctional process has been applied to him up to the present.

Prisons and Reformatories

The number and type of penal institutions

to which the adult offender in different states might be committed vary widely. There are, for example, about 230 state and federal institutions for adult offenders. These may be called prisons, penitentiaries, reformatories, prison farms, or camps. In addition, there are some 3,000 local and county jails and workhouses, many of which handle both sentenced and unsentenced prisoners.

In a few states, all correctional, penal, and detention institutions are under the centralized control and direction of a state department of corrections, thus conforming to some standard administrative policy and program. Notable among these are California, Massachusetts, Minnesota, New Jersey, New York, Wisconsin, and several others. In other states, each institution or group of institutions is more or less independent, administered by a warden or superintendent responsible to a board of trustees or managers. Again, in many states the heads of the institution and often most of the personnel are politically chosen, and many change as frequently as the elections. On the other hand, several state prison systems, especially those under centralized state administration, and the federal prison system, have achieved a full merit status, placing correctional work on a professional, career basis.

The scope of the prison problem is directly reflected in the steadily increasing prisoner populations. At the end of 1958, the latest date for which national prisoner statistics are available, state and federal institutions for adult offenders held a total of 205,643 prisoners, representing the highest year-end population on record. Prisoners in state institutions totaled 184,094 at the end of 1958, an increase of 5.2 per cent over the previous year. In the federal institutions the year-end population rose to 21,549, an increase of 5.5 per cent. A total of 88,780 persons were sent to prison during 1958, as compared to 80,408 during 1957. Commitments from courts to state institutions increased by 11.7 per cent, while commitments from courts to federal institutions rose only by 3.7 per cent over 1957. The annual increases in federal prisoner populations are produced substantially by the

longer sentences being imposed by the courts and the consequent accumulation of long-term federal prisoners. During 1958, a total of 88,679 prisoners were released from prison as compared to 85,356 in 1957. Thus, while the number of persons being released is increasing the number of persons being committed is increasing at a faster rate, and hence the upward trend in prison populations will continue to place even heavier burdens on already overcrowded facilities.

Prison Disorders

For several years following the riots and disorders that blazed through more than a score of American prisons during the early 1950's, prisoner populations remained relatively calm. Only a sufficient number of these events occurred to keep correctional administrators mindful of the serious inadequacies which characterize so many of our prisons and reformatories. In 1956, prisoners at the Maine state prison set fire to the institution's shops; prisoners at the Connecticut state prison engaged in a sit-down strike; and prisoners in Georgia broke their legs with sledge hammers. In 1957, disorders flared up at the Ohio and Montana state prisons and at the Colorado state reformatory. Similar disorders were experienced in 1958 at the Tennessee, Idaho, and Arizona state prisons, the Ohio state penitentiary, and the Massachusetts state reformatory. A race riot broke out among prisoners at the New Jersey state prison, and prisoners at another southern state prison, North Carolina, broke their legs with sledge hammers.

Recalling the unrest earlier in the decade, the incidence of prison disorders increased sharply in tempo during 1959. The first seven months of that year saw a 3-day sit-down strike by 300 inmates of the New Jersey state prison at Trenton; an attempted mass break-out in which 6 convicts holed up in the Walpole, Massachusetts, state prison's machine shop with 6 hostages; a mass escape of 34 prisoners from Maryland's Patuxent Institution for delinquent defectives; a 36-hour mutiny in which one official and two inmates met their death at Montana's disorder-ridden

state prison at Deer Lodge; a rebellion at Massachusetts's Concord reformatory in which 5 inmates held 15 officials hostage; a 14-hour dormitory revolt at Tennessee's Fort Pillow farm; a 16-hour rebellion by 106 of the Federal Prison System's most dangerous prisoners at its Springfield, Missouri, medical center in which 5 officers were captured and held hostage; the attempt by 4 convicts to escape from the Washington State Reformatory by capturing and threatening with death 39 hostages including women and children; and a 30-hour rebellion by 95 convicts of Tennessee's Bushy Mountain State Prison who captured three foremen and holed up with them in the coal mine operated by the prison. As the tension spread to other American penal institutions, officials tightened up prisoner control measures, but on the basis of past experience alone it was evident that the last five months of 1959 would not go unmarked by similar disorders.

But recent years have also produced concrete evidence that the states are attempting to bring about improvements in their penal systems. In Missouri a committee investigated conditions at the state reformatory, and their findings resulted in immediate changes in personnel and practices. The Oklahoma Citizens Committee on Delinquency and Crime looked into its state penal system and came up with a report recommending that the system be overhauled from top to bottom. Florida established centralized control of its penal system, thus making possible more effective leadership and continuity of policy and program.

The last few years have been characterized by an unprecedented rate of correctional institution construction throughout the country. New state prisons have been built and occupied in Louisiana, New Mexico, and Texas. Ohio put up a new correctional institution at Marion, and California established a new institution for young adults at Tracy, added to the complex of institutions at Soledad, and opened a new medical facility at Vacaville. New correctional institutions of all types are presently being constructed or planned in several states including Oregon, Ohio, Michigan, California, Pennsylvania, Connecticut,

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Wisconsin, Missouri, and the District of Columbia. Innumerable counties have also constructed new jails, prison farms, and confinement facilities for women. Notwithstanding these activities, more correctional institution construction is needed than is being authorized or accomplished. The federal system, for example, with its institutions long overloaded, needs a number of new institutions, including a maximum custody prison, a youth institution, a medical center, and a women's reformatory.

Correctional Treatment

Fundamental to the whole concept of correctional treatment is a system of classification procedures in terms of individuals as well as types of institutions. Classification of institutions and individuals has been advocated as a sound principle of administration for many years. Its goal is the individualization of treatment and requires an exhaustive analysis and evaluation of the individual as a person, and all the internal and external forces which may influence a possible change in the pattern of his behavior. It includes the diagnostic techniques of psychiatry, social casework, and education. On the basis of such coordinated information, an individualized program of treatment, training, and custodial supervision is initiated subject to modification as circumstances and behavior changes take place. Considering the prison system as a whole, classification as a treatment device has not reached its full maturity nor are many of its refinements in operation as yet. Except in those institutions and prison systems which operate on a statewide basis and have professional staffs and facilities, classification is largely limited to the early period of confinement despite the fact that, in theory, it is a continuing process.

Treatment in a correctional institution is necessarily conducted within an authoritarian setting. This, together with limited professional staffs, inadequate financing, the use of physical plants designed for security and regimentation rather than treatment, uncontrolled intake and discharge, and many other factors, compound the difficulties in develop-

ing effective treatment programs. None of these obstacles, however, is preventing the slow but sure introduction of more therapeutically oriented approaches to the inmates and their problems.

Among these developments have been the establishment of diagnostic or reception centers as integral parts of such state correctional systems as those of California, New York, Minnesota, Wisconsin, and Massachusetts, and the expanded use of open and medium security institutions. While prison camps and farms have been successfully operated for at least three decades, these programs are being enlarged and refined in Michigan, Minnesota, California, Wisconsin, and Ohio, with particular emphasis on their use for youthful inmates in pre-parole and pre-release status.

Although the technique known as group therapy first came into use in the rehabilitation of offenders in World War II, not until the last few years has it earned relatively common acceptance in treatment programs. This technique, as practiced in several forms, attempts to help the inmate gain insight into his personal problems, with the hope of bringing about a greater emotional maturity which will enable the inmate to react to his problems realistically rather than by the nonadjustive acts which resulted in his offense and institutionalization. In typical group therapy sessions, groups of ten to fifteen inmates, under a permissive set of circumstances, freely ventilate their feelings and attitudes. Through interaction within the group and the unobtrusive guidance of a staff therapist, these attitudes and feelings are examined and evaluated for what they are, with a consequent gain in insight. The term "group therapy" is sometimes applied rather loosely to a number of activities in which inmates participate as a group. More correctly, it applies to the described group sessions attended by a psychiatrist or a psychologist. However, related group methods, with social workers, correctional officers, educational instructors, or other laymen as counselors, are most commonly used. While little systematized follow-up has been conducted to determine the long-range effectiveness of this technique, trained ob-

servers frequently report marked improvements in attitudes and behavior on the part of inmates exposed to it.

Sentencing Systems and Correctional Principles

One of the serious dilemmas faced by correctional administrators in implementing a fully balanced program of correctional treatment is the absence of a unifying philosophy in the sentencing of criminal offenders which is consistent with the needs of the offender in terms of training, retraining, or treatment. There is, for example, very little uniformity among the states with respect to the type of sentences which may be imposed on an offender. Twenty-seven states and the District of Columbia have predominantly indeterminate sentences for at least some types of offenses. The remainder operate entirely under the definite-sentence system. A definite sentence is always expressed as a single specified term of imprisonment. The indeterminate sentence usually has a specific minimum and maximum term, the provisions of which vary widely among the states using this system. The indeterminate system is in theory and historically a corollary to the principle of parole and is based on the theory that the sentencing procedure should be flexible. With the expanding use of parole, however, the theoretical difference in flexibility between the definite and indeterminate sentences has largely disappeared, since the provisions for parole or conditional release eligibility applied either to a definite sentence or to the minimum term of an indeterminate sentence have much the same effect in determining the length of time actually served on a sentence.

The disparity in the sentences imposed on offenders for the same type of crime shows extremely wide variations, not only among the various states but among the various districts of the federal courts. In the 1958 fiscal year, for example, the percentage of all types of convicted offenders placed on probation ranged from 68.5 per cent in Eastern Pennsylvania to 12 per cent in Southern Iowa. Terms of imprisonment for all types of offenses ranged from an average of 58.4

months in the Southern District of Iowa to 9.5 months in Vermont. Similar disparities characterized the range of penalties even for specific types of offenses.

It was with these disparities in mind that the Congress in August 1958 enacted legislation intended to encourage a greater consistency in the sentencing philosophy of the various federal courts and to authorize for them additional discretionary sentencing procedures. One provision of Public Law 85-752 authorized the federal judiciary to sponsor sentencing institutes, at which groups of federal judges could study and discuss sentencing problems and work out by consensus a set of principles for the guidance of the courts. Another provision of the law enables the courts to impose sentences in which the parole eligibility date can be fixed at any time up to one-third of the imposed sentence. Still another provision permits the courts to commit convicted offenders to the custody of the Attorney General for observation and diagnosis for a period of three to six months prior to imposition of final sentence. The final major provision extended the applicability of the Federal Youth Correction Act, previously restricted to offenders under the age of 22, to those under 26. Among other things, the latter Act provides an indeterminate sentencing procedure and a requirement for community supervision for a period following institutional confinement. The new legislation is expected to minimize sentencing disparities by keeping the courts better informed and by supplying them with the additional procedures by which they can fit penalties more closely to the needs of the individual offenders.

The Federal Prison System

Because the federal prison system is operated by the national government and comprises the largest integrated and classified system of penal and correctional institutions, it has had some influence in determining the lines of development in various aspects of institutional construction and program planning. The federal penal and correctional institutions are located in 20 states and the

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District of Columbia. The system comprises 30 institutions: six penitentiaries, three reformatories for males and one reformatory for women, seven correctional institutions, seven camps, a medical center for chronic medical cases and mental patients, a jail-type institution, two youth centers for adolescent offenders, a training school, and a forestry camp for juvenile delinquents.

The federal prison system, however, has not been immune from the problem of overcrowding, nor from the need for expanded facilities, the same problems as are presently plaguing many state systems. Designed for a normal capacity of about 19,000, the federal system has had to absorb a population which now exceeds 22,000. The funds appropriated for the 1958 fiscal year for the operation of the federal prison system totalled \$33,383,000. The cost per day per prisoner averaged \$4.58, which covered salaries, maintenance of plants and equipment, food, clothing, education, casework services, and other types of programs. All personnel, about 4,385 employees, are under civil service and are recruited through appropriate competitive examinations.

The industrial production program is operated by Federal Prison Industries, Inc., a government corporation administered as an integral part of the Bureau of Prisons. During the 1958 fiscal year, this production program employed about 20 per cent of the federal prison population and produced goods, for sale to other government agencies only, valued at \$31,134,239. Out of the earnings, the Corporation financed the vocational training program and paid out to inmates employed in the shops \$1,722,397 in wages, which are sent home to dependents or kept for them in anticipation of their release. In addition, the Corporation has returned to the U. S. Treasury over the past twelve years a total of \$36,000,000 as a return to taxpayers for the cost of operating the federal prisons.

Probation and Parole

Probation differs from parole in that it allows the convicted offender to remain in the community subject to conditions imposed

by the court or by a central correctional agency. Parole carries with it a period of supervision after release from a correctional institution, and is the result of action taken by a paroling authority rather than a court of judicial action. There is a close relationship between parole and probation in that the therapeutic and casework process are similar. Both operate within the framework of authority, employing casework concepts and techniques in working toward a satisfactory adjustment between the individual's needs and the demands of society. Because good practices in both parole and probation are individualized and flexible in their use of resources to meet the changing needs of each case, they are effective types of correctional treatment.

At present, all states have juvenile and adult probation laws, and a few have developed an integrated probation and parole service on a statewide level. Generally, however, probation laws are permissive and limit the use of or eligibility for probation. Many states deny probation to those convicted of specified crimes, especially crimes of violence and certain sex offenses. For the most part, also, probation in the majority of states is administered at the local level and the extent of its use may be determined by the interest of the judge. It is estimated that about 30 per cent of the more than 3,000 counties in the United States have no organized probation service, and in many others the proper administration of probation is hampered by low salaries and an insufficient number of trained probation officers.

All states and the federal government now have statutory provisions for parole, and the paroling authority is designated by law. In several states the governor or advisors appointed by him are the paroling authority. Another but less frequent method is for the institution board to be paroling authority. These two methods are rapidly disappearing and being replaced by full-time independent and centrally controlled boards. The California Adult Authority, having control over the length of stay, release, and parole supervision of prisoners, is unique in the country.

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Here, parole is the only method of release. In other states, parole may be administered almost entirely as leniency providing little or no post-release supervision or guidance.

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† For addresses of periodicals listed see Appendix. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

COURTS AND SOCIAL WELFARE. The courts as the administrators of justice depend both on written law and precedent and on the interpretation of their judges or administrators for their philosophy of law enforcement. They exist to develop man's social welfare as well as to punish those who offend against the common good. While it is their function to protect society, primarily in personal and property rights, it is also their responsibility to bring social justice to the poor and to serve those who need special aid or general protection.

Originally the ruler of a country administered this justice. Later he delegated the power to a special agency. An example is the old King's bench in England, now part of the High Court of Justice in that country. In our country, an example of the power of justice still retained by the ruler or administrator is the power to pardon or commute which the governor of a state exercises as a final authority.

The basic courts are not the "high" courts of the country or state, however, but are the "low" courts of justice in the communities. These represent the universal aspect of justice and its close relationship to people and neighborhood. The Cadi's Court, about which we read as children in the "Arabian Nights," was a neighborhood court concerned with offenses and with civil and religious court disputes of the community. In England the early courts for common folk were the "pie powder," "pied poudre," or "dusty foot" courts set up at fairs to settle disputes between itinerant dealers and traders and individuals attending fairs. Fairs were often scenes of disorder, and these makeshift tribunals filled a real need for immediate justice.

Justices of the Peace

The English justice of the peace courts, taken over into our American judicial system, represent a development of justice close to the people. Justices of the peace are inferior magistrates, usually not learned in the law, who are appointed to keep the public peace and to administer justice in courts of record in a limited geographical area—a town or

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township. For centuries, in England, they were drawn from the landed gentry. In that country today it is not unusual for ministers, teachers, tradesmen, social workers, and working men to be selected to serve, usually without pay.

In the United States, justices of the peace, alderman, and local magistrates are elected or appointed on a local political party basis. They are generally paid officials, sometimes salaried but often compensated altogether from fees and costs collected from litigants and persons brought before them for disposition. Petty offenses are disposed of finally by these courts. Proceedings in most crimes and misdemeanors are begun here at preliminary hearings and transferred for trial and adjudication to the higher criminal "courts of record."

The office is criticized in America but is also praised as a fundamental part of the judicial system set up for obtaining local justice quickly and with human understanding. Many suggestions have been developed for the improvement of justice of the peace courts. The forward looking members of their personnel, supported by concerned citizens, have tried to improve service in certain areas. They have sponsored educational qualifications, inservice training, improvement in selection by the appointing powers, and substitution of a salary system for the inequitable fee system under which the magistrates are compensated now in many places.

Criminal and Civil Courts

Criminal courts operate by trial of offenses against person or property as charged, and if the defendant is found guilty, by punishment as directed by the penal law. Organization of criminal courts commonly follows one pattern. Lower courts, variously called magistrates' courts, try petty offenses, violations of city and town ordinances, and misdemeanors (punishable by less than one year in prison). In some localities, separate intermediate courts hear misdemeanor cases. The lower courts also hold preliminary hearings on serious offenses, felonies (punishable by one or more years in prison), to determine if the accused

is to be held for further action. The great majority of criminal cases are disposed of at the lower court level, making these tribunals the most important of the criminal courts, not only because of the numbers handled but also because of their crucial position as courts of initial contact for most offenders, and their function of screening for the higher courts. The higher courts try the serious crimes (for example, the heinous crimes of rape, arson, and murder), manslaughter, certain degrees of robbery and assault, and so forth.

Civil courts, with the same historical background, rule on contractual obligations—from large corporate suits to petty individual and business claims. The handling of negligence, wills, estates, guardianship, adoption, and support are other examples of civil actions. The civil courts are identified by the maximum value of the claim they may hear or their particular function; for example, wills in probate.

In most states, higher courts (supreme, county, district, or superior courts) retain original jurisdiction over all civil and criminal cases. Additional areas of jurisdiction generally held by such courts include divorce, separation, annulment, commitment to mental hospitals or institutions for the feeble-minded, and the establishment of "committees" to handle the funds of mentally incompetent individuals. There is variation of court jurisdiction from state to state.

Social Problem Courts

With the establishment of the first children's court in Chicago in 1899, an advanced philosophy was introduced into court operation. The aim of the children's or juvenile court is protection rather than punishment. Thus a new focus and approach to both investigation and treatment, related to the individual rather than to the offense committed, was introduced. By 1945 juvenile court legislation had been enacted in all the states and the federal jurisdiction. This is not to suggest that highly specialized independent juvenile courts, or juvenile court branches of family courts, were widely estab-

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lished; these are at present found in less than 50 of the 3,000-odd counties in the United States. More often, juvenile courts are parts of other courts, either civil or criminal, although their proceedings are always civil and not criminal, with sessions for children's cases held either regularly or as required by the number of juvenile cases at hand.¹

In some urban areas, specialized social problem courts have developed to deal with categories of social difficulties. In general they have adopted the children's court approach, of concern for individual needs and not for crimes or misdemeanors *per se*. Youthful offenders, prostitutes, persons with family problems, and other groups have been selected for special attention. These newer courts have sometimes been organized within the structure of the criminal courts and sometimes in civil courts.

The social problem courts, although some have developed within criminal court structure, have appeared sporadically, following no set pattern, and often as the result of public interest focused in particular problem areas—the family, older youths, sex offenders, and so on.

The emergence of "social problem" courts which tend to develop a social as well as a legal frame of reference has had considerable impact upon all court functioning. Courts have greater acceptance of the need for individualization of the defendant and of the services necessary to provide for this kind of study and treatment. In these courts the use of social study before disposition, suspended sentence, probation, have had significant development.

Probation

Probation is one of the most widely used methods for dealing with children and adults. It is humane and scientific because children and adult offenders placed on probation are allowed to remain at home and are dealt with in their own environment under the care of a trained and qualified officer of

the court appointed by the judge for that task. This not only is more normal than imprisonment or institutional care, but in addition saves money for the state in institutional buildings and care and saves the offender for himself and for society. It is a boon both to the family and to the community.

Probation has its legal origin, as far as children are concerned, in the simple fact that the judge of the juvenile court stands in place of the parent and can take protective action in the child's behalf and save him or her from a life of delinquency or crime. As far as adults are concerned, it has its juridic origin in the fact that no one can direct the judge *when* to impose sentence. Therefore, the practice grew up of deferring sentences in special cases, reinforced by statutory law.

Beginning as a mercy, "one chance more," probation was at first conducted with the cooperation of interested private individuals and religious groups who came forward to assume responsibility for children and men and women released. It is now recognized that probation is not a mercy but a method of extramural treatment which should be used only after careful study of the offending child or adult by qualified specialists and investigation by a probation officer before the judge makes his decision.

The modern probation officer is a trained person of high character and a skilled practitioner in the art of dealing with individuals in trouble, using the full resources available in the community for this purpose. Casework is becoming an integral part of the job. Supervision in the home and the cooperation of community agencies is essential.

Probation was first used largely with children, and its use for children in juvenile court has always been within the discretion of the judge. Probation officers attached to the juvenile court perform a function both in the prevention and treatment of juvenile delinquency.

As far as adult probation is concerned, there were many exceptions made formerly by statute as to who could or could not be placed on probation by the judge presiding in criminal court. Usually, adults committing

¹ See United Nations Division of Social Affairs, *infra*, p. 23.

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murder, burglary, robbery, serious sex offenses, and so forth, were excluded. With the growth of individual study of offenders before the judge makes his decision these restrictions, with the exception of murder, are disappearing throughout the country.

Among adults placed on probation are husbands or fathers who fail to support their wives or families, and fathers of illegitimate children. The probation officer aids in the collection of court orders in these cases as well as in the collection of fines and costs paid in instalments on order of the judge. A basic service is being rendered, the judges feel, when a fine is collected in instalments, thereby saving a man from prison, and, in addition, bringing in revenue for the state. The collection of support orders is most helpful to the family and prevents wives and children from becoming public charges.

Collection work has raised many questions. It may become so burdensome that it interferes with the officer's casework. In order to relieve the probation officer of this burden, special persons are appointed for this task by a number of courts.

It is natural that probation should be more often used in metropolitan and industrial areas than in the rural and small town sections, since more offenses are committed in these areas. However, probation is just as important in rural sections as anywhere else, because of the help it offers to the rehabilitation of the individual and his adjustment to community life.

The basic difficulty with probation service in many parts of the country is understaffing and heavy caseloads. Individual probation officers of the court too often carry too great a variety of cases. Probation officers of the court are too often inadequately paid. In the smaller communities and rural areas throughout the country, salaries are still greatly below a reasonable standard.

Despite these difficulties—which should be removed from probation service to develop it to its utmost usefulness and to give greatest benefit in the rehabilitation of offenders, young and old—the service has many bright

spots. There are outstanding probation departments throughout the country. Every state has excellent examples in courts, large and small.

The Committee on Standards of the Professional Council of the National Probation and Parole Association has spent considerable time in developing standard of probation casework and the related factor of caseload. The Committee states that the work of the probation officer is to: "Provide support and direction of the probationer . . . in acceptable behavior. The relationship of the officer and the probationer . . . is a constructive interpersonal relationship requiring personal equipment on the part of the officer including professional training, experience, skill in social casework, resourcefulness and tact . . . the officer's attitude must be sympathetic, uncritical and unprejudiced. The officer as the agent of the court . . . offers the conditionally released offender an opportunity to work out solutions to his problems within the conditions of the authoritative situation. The officer must be alert to recognize positive factors in the personality of the offender, and, in his situation, and to assist in the development and utilization of these factors. The size of the case load the probation officer carries will be conditioned by the amount of territory covered, transportation facilities, types of cases, etc. However, the case load of an officer should not exceed 50 currently active cases . . . To do effective work . . . with probationers . . . an officer must be in contact with members of their families and other key persons involved in their lives. He must also have frequent unhurried contacts with the probationer . . . himself. The more competent, well-trained officers spend more time on each case. Therefore, improvement in standards of personnel should be accompanied by reduction in case loads."²

The probation officers of United States District Courts have expressed the opinion "that a reasonable load per officer would be

² Report to Atlantic City Conference, April 19, 1948, Committee on Standards, Professional Council, National Probation and Parole Association.

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an average of 78 persons under supervision plus not more than 14 investigations per month.”³

In some courts which have built up an intensive probation program the tendency is to favor caseloads which are one-half as large as those given above because of the stress laid on thorough work, supervision, rapport with the probationer, and social therapy with individuals under care. Such small caseloads are still the exception, however, in most courts. The mixed character of the caseload is also an important factor in probation work.

Probation officers also handle unofficially cases of family difficulties or juvenile delinquency without court hearing. This emphasizes the helpful personal relationship with the probation officer and minimizes the authoritative aspect of his work. He must also make investigations for the juvenile court judge before the child's case is heard, and when requested by the judge of the criminal court, he makes investigations in adult cases before sentence is imposed. The optimum caseload depends therefore on the character of the cases with which the probation officer deals.

The most important contribution to community and family economics through the use of probation services by the courts is the saving in dollars and cents for which there are no ledger accounts. The man or woman released becomes a wageearner and supports the family which might otherwise become dependent were the offender sent to prison. Then, too, the county or state is saved the cost of caring for the offender while in prison. Through the probation system there is also the great possibility of saving the man or woman as a useful and economically valuable member of society.

The National Commission on Law Observation and Enforcement, appointed by President Hoover, recommended as long ago as 1931 in the report *Penal Institutions, Probation and Parole* as follows: “No man should

be sent to a penal institution until it is definitely determined that he is not a fit subject for probation. To this end it is urged that every effort should be made to broaden probation and *provide more and better probation supervision . . . It is clear that probation when applicable, is much less expensive, and from the social point of view, much more satisfactory than imprisonment.*”

The costs of probation vary widely throughout the country. It was reported by the National Probation and Parole Association that in 1953 and 1954 the cost of probation and court parole in the best organized departments did not exceed \$150 per person per year, whereas the cost of keeping offenders in state institutions ranged from \$1,000 to \$3,000 per year per case.

However, low costs given for some jurisdictions do not necessarily represent greater administrative efficiency in the management of probation and parole. Low costs may be due to insufficient probation service, inadequate salaries, or lack of important auxiliary services needed for pre-trial studies such as court clinics usually undertake in association with the pre-sentence investigations of probation officers. In some jurisdictions, as in California, Pittsburgh, New Jersey, New York, and Philadelphia, clinics are considered as items in the cost of probation and social court procedures.

Development of Standards and Approved Procedures

The rapid growth of probation throughout the country has given occasion for many surveys and examinations of the operation of these services. These surveys have revealed the legal and social procedures which are most effective, useful, and successful. They have indicated the advantageous types of administration and taken into account questions raised in criticism of probation and parole in order to improve them. These include federal surveys in the Hoover and Franklin D. Roosevelt administrations, initiated through Presidential concern, as well as surveys in various states.

³ Annual Report of the Director of the Administration Office of the United States Courts 1947, p. 51.

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Extensive studies have been conducted on a practical basis by experienced people. They have been made by persons with strong concern for the efficient administration of justice and have included the United States Attorney Generals Wickersham, Cummings, and Clark.

Private organizations which also have made surveys include the National Probation and Parole Association and various state and local groups. Current practices have been analyzed in these surveys, and recommendations made which have been useful in the development of probation for many years. They have set effective probation standards.

Release on probation should be preceded by careful study of the individual case made in the field by the probation or parole officer. Such study should include the background of the individual, his character and personality, his home situation, his work habits, his leisure-time life, his recreational activities, his religious interest, his family life, and other factors of a social nature.

It is generally agreed in these reports that the probationer cannot succeed unless the supervising officer uses all the facilities of the community to help him to adjust to normal life in his home and neighborhood.

The primary object of supervision is restoration of the offender to society as a participating and law-abiding member, as socially useful as possible. Competent supervision, therefore, involves two main aspects: (a) the personal guidance and influence over the offender by the officer; and (b) the use of the community's social agencies and forces in the interest of his rehabilitation.

The probationer himself must be made an active participant in the development of all probation plans for his supervision. The probation officer's task is to see that there are wholesome living conditions and that the probationer lives in a neighborhood in which the prospects of social adjustment are fair; that there is an attitude of understanding and helpfulness on the part of those with whom he comes in immediate contact. The supervising officer, therefore, should work with the family as well as the offender. He has the

task of creating new incentives and new attitudes in the probationer with the aid of all that the family and the community can offer. The probation officer should be understanding and sympathetic, but at the same time he should be observant and ready to discipline the offender when necessary, even if this involves recommendation that probation be revoked and the probationer be sent to an institution.

A British Departmental Committee has stated, "The value of probation must depend on the efficiency of the probation officer. It is a system in which rules are comparatively unimportant and personality is everything. Probation is what the officer makes it."

The Place and Use of Authority

In the early days of the socialized courts, social workers were reluctant to work with them because they represented an authoritarian approach, an imposition of a command upon the individual and services to him without his voluntary request or participation. Professional workers shied away from probation jobs, and when they took them they minimized the authority roles. Those who undertook probation services then were often not professionally trained. They were volunteers, representatives of religious or welfare agencies of the day. They emphasized friendly services to the delinquent on probation. They thought of themselves in the role of John Augustus, extending the hand of friendship and loving concern—setting up boys' clubs and girls' clubs, or organizing social groups for children and adults to which probationers were invited. The authority in probation was separated from the services given by the workers. Authority was considered to reside in the judge's power to change his decision from probation to institutional commitment if the probationer became recalcitrant to guidance or committed a new offense. A suspended sentence hung by a thread over the head of the probationer like a sword of Damocles, to be cut by the judge should an adverse report require it.

Over the years, probation officers recruited

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from professional fields have developed new concepts as to the dynamics of authority, aided and supported in this by the growth of psychiatric and psychological services in the courts. The new casework based on authority is being used by probation officers for the study of juveniles before court disposition, for the exploration of domestic relations cases before judicial actions, and for investigation of adult criminals before action by the judge as to sentence; and also as the basis for a helping service to probationers in their supervision.

There has also been a new interpretation of the role of authority by the body of professional social workers, in both private and public social casework. There is less doubt among them that authority can be used constructively and that it is in fact a professional responsibility to apply it in many kinds of services.

The authority status and activities of welfare and social agencies can be graded according to the degree with which authority is used. It is at a minimum in family service and outpatient psychiatric clinics, greater in child placing and in determining eligibility for public assistance, and perhaps at the maximum in court related and correctional work,⁴ where it is most essential for the caseworker to exercise it.

Correctional service is organized for the protection of the community; and authoritative casework by probation officers and other professional correctional workers dealing with delinquents stems from our social obligation to the community and from the responsibility where the individual has to obey society's commands as expressed by its laws and regulations. There is explicit need to deal with the socially dangerous, the non-conforming, the careless, by use of authority.⁵ It is true the delinquent cannot choose the type of control or authority to be exercised over him, but with the guidance of skilled social workers or probation officers he has a choice as to how to use the authority imposed. He is not a captive, but like

his fellow citizens he lives within the limits of a reality of a community controlled by law.

Probation officers are in a strategic position to help probationers accept regulations and laws as facts of life and to learn to respect and not resist them. Authority in skilled hands can serve as a dynamic in sharpening the problem and the necessity of coming to grips with it. The probationer is helped to solve his own problem and given supportive aid to do so.⁶

The constructive use of authority does not reduce the responsibility of the probationer or client. It increases it and requires skillful, well-trained, and highly qualified probation workers in the courts to implement it. The community has the responsibility for adequate services of this kind. It undoubtedly indicates a need for a quickening and greater definition of training programs in the schools of social work, graduate schools of colleges, and law schools for training and educating personnel. It also points to the need for preparing judges to serve in courts operating in the social welfare field. In addition to their legal education, judges need collateral equipment that will help them understand the new court services in the setting of authority. See CORRECTIONS and JUVENILE DELINQUENCY.

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⁶ Robert C. Taber, in address to Canadian Mental Health Association, April 22, 1954.

† For addresses of periodicals listed see Appendix. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D. C.

⁴ See Studdt, *infra*.

⁵ See Pray, *infra*.

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LEON T. STERN

DISASTER RELIEF. The terms "disaster" and "disaster relief" as currently used have a variety of meanings. For the purposes of this article, disaster is defined as any situation (exclusive of acts of war) usually catastrophic in nature in which numbers of persons are plunged into helplessness and suffering, and as a result may be in need of food, clothing, shelter, medical care, and other basic necessities of life. 'Disaster relief' is the application of measures that will mitigate the helplessness and suffering of families and individuals affected by disasters. Disaster relief does not include the alleviation of distress caused by the usual hazards of industry and agriculture such as unemployment and seasonal crop hazards.

Disasters also create situations in which the established pattern of social organization within the community is suddenly disrupted. Disorganization of existing social systems and total community involvement are common elements in disaster. It is this aspect of disaster relief that differentiates it from day to day welfare activities.

Historical Background

Disaster relief has passed through four fairly distinct phases of development: (1) The latter half of the nineteenth century, when disaster relief consisted largely of emergency mass-giving of food, clothing, and medical care through hastily appointed local committees assisted in some instances by donations of money and supplies from other communities and the American Red Cross. (2) From 1900 to 1920, notable for the first

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attempts to introduce modern casework techniques to family rehabilitation, including to a much greater degree than had been practiced in the past a comprehensive program of repair and rebuilding of homes, refurnishing them, assisting in the rehabilitation of farms and small business, and giving financial support for prolonged medical care for those injured. It was during this period there was developed deferred monthly payments for those widowed, orphaned, or physically incapacitated by the disaster. Also there developed sound accounting practices and better understandings concerning Red Cross and governmental responsibilities. (3) From 1920 to 1935, characterized by nationwide expansion of disaster preparedness in Red Cross chapters, consistent application of policies and practices growing out of accumulating experiences, and inauguration of disaster training institutes. (4) From 1935 to the present, when great expansion of public health and welfare services has brought increasing benefits to eligible sufferers, without disrupting the foundation of policy and practice on which disaster relief is built.

Red Cross Authority and Responsibility

Since its establishment by federal statute in 1905 as the official instrumentality of the United States Government to assist in discharging responsibilities assumed under an international treaty, the American National Red Cross has been expressly charged with the duty: “. . . to continue and carry on a system of national and international relief in time of peace and apply the same in mitigating the sufferings caused by pestilence, famine, fire, flood and other great national calamities and to devise and carry on measures for preventing the same.” Governmental supervision in the fulfillment of the duty is assured in the requirement that the President of the United States appoint eight members of the Board of Governors including the principal officers of the corporation as well as in the provision for an annual audit of its expenditures and annual report to the Congress of its operations and finances.

As a result of its long experience in carrying out disaster relief responsibilities, the Red Cross is accepted by federal, state, and local governments and the people, alike. Its quasi-governmental status assures its support in time of disaster by governmental authorities, yet leaves it free to function as a voluntary agency financed wholly by private contributions and responsible directly to the people.

Through its local chapters (of which there were 3690 with 3009 branches covering every county in the country as well as insular territory in 1959) the agency can inaugurate prompt disaster relief measures right at the scene of the disaster. Through the facilities of the national organization the chapters are assured of qualified guidance and adequate financing. In disasters beyond the scope of local chapters the national organization assumes direct administrative control.

Division of Responsibilities

The American National Red Cross has interpreted its responsibility to be that of providing assistance to individuals and families rather than that of restoring utilities and other facilities maintained under the supervision of public authority.

Government responsibility in disaster remains the same as in normal times—the protection of life, property, public health, and welfare and the repair and maintenance of public property. Disaster increases but in general does not change the responsibility of government. The Red Cross supports and assists the work of government and authorities in alleviating the distress caused by disasters but does not assume responsibility for governmental functions.

The federal government has a vital role in disaster relief. In order to provide more orderly assistance by the federal government, Public Law 875 was passed by the 81st Congress and approved September 30, 1950. Executive orders vest in the director of the Office of Civil and Defense Mobilization the responsibility for the administration of the Federal Disaster Act. Over the years formal understandings and agreements consistent with the

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provisions of Public Law 875 and executive orders have been consummated. These agreements have resulted in the establishing and maintaining of very close working relations and collaboration between the Office of Civil and Defense Mobilization and the American National Red Cross. The accompanying table shows how distinct are the functions of the Red Cross and governmental agencies and yet how closely they are related.

RESPONSIBILITIES IN DISASTER

RED CROSS RESPONSIBILITY

Relief of persons in need as a result of a disaster. (Financed by the Red Cross from voluntary contributions.)

The Red Cross Provides:

- A. Emergency Assistance for Disaster Sufferers on a Mass-Care Basis
 - 1. Food
 - 2. Shelter
 - 3. Clothing
 - 4. Medical and nursing aid
- B. Emergency Services on an Individual Family Basis
 - 1. Welfare inquiry service
 - 2. Emergency orders for basic necessities
- C. Rehabilitation of Families on a Need Basis
 - 1. Counseling
 - 2. Basic maintenance
 - 3. Building and repair
 - 4. Medical and nursing care
 - 5. Occupational supplies and equipment

WHEN LIVES ARE THREATENED

- D. Red Cross Assists Government Agencies with:
 - 1. Warning
 - 2. Evacuation
 - 3. Rescue
 - 4. Transportation and temporary storage of household goods

GOVERNMENTAL RESPONSIBILITY

Protection of life, property, public health,

and welfare, and maintenance and repair of public property. (Financed by public agencies from tax funds.)

Governmental Agencies Provide:

- A. Emergency Community Services
 - 1. Police protection
 - 2. Public health and sanitation safeguards
 - 3. Special police and fire protection in disaster area
 - 4. Identification and care of dead
 - 5. Designation of hazardous areas
- B. The Usual Community Welfare Services for Dependent Persons
 - 1. Institutional care
 - 2. Public assistance, as provided by statute
 - 3. Disaster loan program
- C. Restoration of Community Facilities
 - 1. Sewage and water systems
 - 2. Removal of debris from public property
 - 3. Transportation and communication facilities
 - 4. Repair of public buildings
 - 5. Health and safety inspections
 - 6. Salvage of unclaimed property
- D. Governmental Agencies:
 - 1. Issue official warnings and designate hazardous areas
 - 2. Enforce evacuation from threatened areas
 - 3. Organize and coordinate rescue activities

Emergency Relief

The consequences of disaster are a violent disruption of the normal life of the family and community. Whatever the disaster and what the consequences, be it loss of life, physical injury, or damage to property, its effect is registered in family life and family welfare. Social work as it is carried on day by day prepares people as nothing else does for the acceptance of experienced leadership in disaster relief.

The relief program of the Red Cross is designed to mitigate the suffering caused by disaster immediately upon its occurrence through the provision of food, clothing, shel-

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ter, medical and nursing or hospital care, on the basis of evident need.

Rehabilitation Assistance

The objective of Red Cross disaster rehabilitation is to assist an individual or a family in reestablishing its capacity to provide those basic needs required to reach and maintain its pre-disaster standard of living. Each family is dealt with on an individual basis with due consideration given to the variations in families. The family is expected to participate in its own recovery through the utilization of its resources as well as the resources and services of public and private agencies. The social and economic level of the community, standard of living of families affected by the disaster, the expectations of the American people, and available funds are all important factors in the flexible application of the basically sound "need" policy.

Rehabilitation in its implementation includes professional counseling with the family to determine disaster-caused needs and how the family plans to meet those needs. Rehabilitation assistance may include food, clothing, and maintenance; the rebuilding or repair of homes, small businesses, and essential farm buildings; the provision of household furnishings, medical and nursing care, hospitalization, and occupational supplies, fixtures, inventories, and equipment.

Family services in disaster relief follow the broad lines of casework practice through the use of consultation with families, verification of pertinent information, consultation with outside sources, and planning based upon the individual family situation. Case history data are recorded topically rather than chronologically and include a brief family history, health, occupation, income, resources, liabilities, losses and needs, and the plan of rehabilitation. Through the use of specially selected advisory committees the pattern of community life is blended into the planning for each family. The techniques are constantly being reviewed and revised to keep them abreast of new developments of thought and practice in the family casework field.

The following basic policies constitute the foundation upon which rehabilitation is built and provide the framework within which disaster relief is made available.

1. Rehabilitation concerns itself only with family problems created or aggravated by the disaster; other problems uncovered are referred to the appropriate governmental or voluntary agency.

2. Assistance is based on need, not loss. Families are expected to use their resources in meeting their needs.

3. Assistance is extended without moral, political, racial, or religious qualifications.

4. Assistance is given outright without obligation for repayment. Loans are never made.

5. In meeting needs created by disaster the Red Cross is not restricted by any rigid categories of relief but extends assistance in the form that will most directly contribute to the rehabilitation of the family.

6. Cash grants are given when the facts in the case indicate conclusively that this is the most constructive form of help.

7. Medical aid supplements that of public and private health agencies and of the medical and dental professions.

8. Families make their purchases from vendors of their own selection, thereby keeping relief expenditures made by the Red Cross in the normal channels of trade in the affected areas.

9. Direct assistance is not extended to social, educational, religious, or charitable organizations, or to large commercial and industrial concerns, which are expected to use their customary financial resources to effect recovery.

Preparedness Activities

On the national level of the American Red Cross, preparedness activities are carried on by a small permanent staff of experienced disaster relief workers and include: (a) maintaining continual contact with all federal departments having facilities available for disaster situations, such as the Army, Navy, Air Force, Coast Guard, Weather Bureau, Public Health Service, Department of Agri-

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culture, and Office of Civil and Defense Mobilization; (b) furthering cooperation of other national groups, such as the American Medical Association, American Hospital Association, National Restaurant Association, and many others; (c) conducting training institutes for national and chapter workers and staffs of other agencies; (d) organizing mutual aid plans for groups of chapters subject to common disaster hazards; (e) assisting state officials in preparation of state disaster preparedness plans; (f) preparing and issuing instructional material on disaster relief policies and practices; (g) assisting communities in developing community-wide preparedness plans; and (h) conducting research into relief methods.

On the local level, preparedness activities center in the chapter committee on disaster preparedness and relief.

Prevention Activities

Though certain types of disasters, such as hurricanes, tornadoes, and earthquakes, cannot be prevented, much can be and is being done to prevent injury and death and to reduce the destructiveness of disasters. Vigorous activities along these lines carried forward during the past year include great improvement in the severe-storm warning system of the United States Weather Bureau; wide dissemination of official governmental warnings of impending floods, hurricanes, and tornadoes; a nationwide campaign for urban and forest fire prevention; and cooperative research with scientific and other organizations in assembling and making available to communities helpful information as to how to reduce the destructiveness of disasters.

Foreign Assistance

In disaster situations in foreign countries affecting large numbers of persons, the American Red Cross tenders assistance within its resources to supplement the relief work of the foreign government, Red Cross society, or other responsible voluntary agency. Such supplemental assistance from the American Red Cross is extended only when it is welcome and will be utilized effectively. The

foreign disaster relief activities of the American Red Cross are closely coordinated with those of other Red Cross societies through the League of Red Cross Societies. In carrying out its activities the Red Cross works in close cooperation with federal agencies and departments such as the International Cooperation Administration and the Department of State.

Finances

Red Cross disaster relief activities are financed through the general revenues of the agency secured through its annual fund campaign supplemented by voluntary contributions received at the time of disaster. During the past decade the Red Cross has participated in 3,100 disaster relief operations and provided emergency and rehabilitation assistance to 272,000 families with total expenditures approximating \$117,000,000.

Trends

The most significant trend related to disaster relief is in the field of research. During and following World War II with the rapid development of the social sciences a considerable number of studies have been undertaken to increase the body of scientific knowledge on the effects of disaster. The focus of these studies has largely been on human behavior in catastrophic situations. There is evidence to indicate that in the forthcoming years research on human behavior in disaster will be intensified and that research on a number of other aspects of disaster and disaster relief activities will be undertaken.

Change in American society and in the community as a result of powerful social, economic, and technological forces seems to be accelerating. The highly fluid situation existing today poses new problems and new opportunities for all organizations including the American Red Cross. This has been recognized. Studies and research are being undertaken by the Red Cross in the field of disaster preparedness and relief.

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EDUCATION FOR SOCIAL WORK. The year 1959 marked the 40th anniversary of the date when 17 schools of social work formed a voluntary association for the purpose of improving education for social work in the United States. From that early and tenuous beginning, social work education has won a respected place within the structure of higher education in this country. No other profession has been more self-critical of its educational preparation or more determined to improve it.

Significant Current Developments

The current period is one portending extensive and fundamental changes in education for social work. The basis for change is the result of developments coming to climax within a common recent time proximity. Thus, as of July 1, 1959, the approval of specialized sequences in schools of social work was terminated; a policy requiring a

periodic re-accreditation of all schools of social work became effective; a five-year period of planned consultation devoted to curriculum development and self-study within the schools of social work was completed; a five-year program devoted to the improvement of field instruction as a key element in social work education had just been initiated; there had been completed and made available for educational use description-of-practice statements covering nine recognized fields of social work practice; the first major study of the social work curriculum had reached its conclusion; and there had been organized for the first time, within the Council on Social Work Education, a curriculum committee which will provide a unified approach to curriculum development. These, plus related changes, indicate that the present and immediate future promise significant developments for social work education.

History of Social Work Education

Education for social work was initiated in a summer training course given in 1898 by the Charity Organization Society of New York. This course developed into a one-year program in 1904 within the New York School of Philanthropy, which later became the New York School of Social Work (affiliated with Columbia University since 1940). Shortly afterward, other educational programs were established under varying auspices. In Chicago, a similar program was initiated in 1899 which ultimately became the School of Social Service Administration of the University of Chicago; it became the first school to be fully integrated within a University. Similar developments soon followed in Boston, Philadelphia, St. Louis, Minneapolis, and Richmond. Many of these early schools were initiated by family welfare societies because of their recognition of the need for personnel with greater competence than it seemed possible to obtain through the apprenticeship system on which they had been solely dependent.

In 1919 the 17 existing schools gave formal recognition to their need to share their knowledge and experience by organiz-

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ing the Association of Training Schools for Professional Social Work which later became the American Association of Schools of Social Work (AASSW) and which included Canadian schools as well. This Association soon became concerned with the standards of education for social work. In 1927 the schools in the Association agreed to formulate and maintain educational standards and to apply these to all new schools seeking admission to membership. By 1932 a minimum curriculum was adopted and a formal basis established for accreditation. By 1935 a new requirement provided that only schools established within institutions of higher learning on the approved list of the Association of American Universities could be accredited. All existing schools were so qualified by 1940.

The difficulties experienced by the schools of social work in preparing social workers qualified to meet the ever-increasing requirements of agencies for greater competence led the AASSW in 1939 to require that professional education for social work be given at the graduate level, requiring two years for the master's degree.¹ This made possible more adequate undergraduate education and increased the age (and maturity) of students entering schools of social work. Considerable emphasis was given during this period to the need for undergraduates preparing to enter schools of social work to equip themselves by obtaining a good grounding in the social sciences.

The economic crisis of the early 1930's gave rise to an unprecedented expansion of governmental social services with a resultant demand for trained personnel which the approximately 30 member schools (the majority of which were in nongovernmental universities) of the AASSW could not supply. In response to this new demand a number of land-grant and other tax-supported universities organized training programs for social

work. The general pattern of these programs involved a combination of undergraduate-graduate courses with a focus upon the newly developing public social services. Since these new programs did not meet the standards of professional education for social work as established by the AASSW, the schools and departments providing them organized the National Association of Schools of Social Administration (NASSA) in 1942. Membership requirements included a defined curriculum in one or more of the following fields: social work, employment service, rural welfare, social insurance, personnel work, guidance, rehabilitation, and field instruction.² The NASSA, which in 1950 included 32 college and university institutions, provided services for its members of a nature corresponding to those of AASSW for its member schools, including the development of accreditation standards.

The differences in the standards established by the two associations ultimately led to confusion and conflict which had to be resolved if the advances made toward providing an educational base for professional practice were not to be halted, and if accreditation of educational programs for social work were to be retained by the field.

In 1946 the National Council on Social Work Education was established to bring together representatives of the two Associations, the professional membership organizations, and higher education to study the differences in educational standards developed and to try to reach agreement on the future direction for social work education. A grant from the Carnegie Corporation enabled the National Council to undertake a broad study of education for social work. The report, published in 1951, contained recommendations designed to resolve the basic issues which had led to the organization of the

² The growing demands of public welfare agencies for trained personnel led the AASSW to undertake a study of the educational needs of personnel for practice in public agencies. The report, entitled *Education for the Public Social Services (infra)*, published in 1942, never received the attention it merited because of the outbreak of World War II, and because of the existing division within the field of social work education.

¹ The Association maintained until 1952 a membership classification which made it possible for graduate schools of social work offering only one year of professional education to become members and maintain accredited status.

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National Council.³ The most crucial recommendations were accepted by the major groups involved. Among these was the one which led to the merging of the American Association of Schools of Social Work, the National Association of Schools of Social Administration, and the National Council into the Council on Social Work Education.

Development of the Council on Social Work Education

The Council on Social Work Education (CSWE), which came into being on July 1, 1952, has represented in its structure graduate schools of social work, undergraduate departments of universities and colleges offering an organized sequence of courses with a social welfare content, the national employing agencies, the professional membership association, and the interested public. Thus, all those having a major concern with the product of social work education are parties to the development of governing policies and standards.

Council activities are carried on through a House of Delegates, a Board of 24 members, the Commission on Accreditation, a Conference of graduate schools and undergraduate departments, the Committee on Nominations and Elections, and numerous standing and *ad hoc* committees. The House of Delegates is made up of one representative designated by each member constituent agency of the Council, except the National Association of Social Workers (NASW) which designates 18 members; and, in addition, 18 members-at-large elected by the House.

As of July 1, 1959, the constituent membership of the Council included 56 graduate schools in the United States and 7 in Canada; 108 undergraduate departments; the National Association of Social Workers; and 40 national employing agencies. Constituent members, in accordance with the revised By-Laws of the Council which became effective July 1, 1958, select their own representatives for the House of Delegates, the members of which elect the officers, the Board

of Directors, and the Nominating Committee of the Council. The By-Laws also provide for an interest (designated Associate) membership which on July 1, 1959 included 185 local agencies, 700 individuals, and 145 individuals and organizations with library privileges. There are also a number of individuals and organizations abroad holding associate organization membership.

The major functions of the Council include:

Continuous review, formulation, and reformulation of educational standards for social work.

Accreditation of the program of graduate schools based on established educational standards.

Evaluation and re-evaluation of graduate programs of social work education.

Maintenance of working relationships, in the interests of social work education, with national and regional accrediting organizations and with other educational bodies.

Formulation of curriculum policy, development of curriculum content, and provision of consultation on curriculum organization and content to graduate schools, undergraduate departments, social work agencies, government departments, and other organizations.

Consideration of the nature and content of undergraduate education for social work.

Development of sound curriculum plans for post-master's education.

Development, publication, and distribution of publications, including informational materials, proceedings, brochures, and pamphlets on all phases of social work education at the undergraduate, graduate, and post-master's levels. (*See Bibliography, infra*, for selected list of these publications.)

Selection and publication of teaching materials for use in graduate schools, undergraduate departments, and staff development programs.

Provision of an annual national meeting on social work education (held in January of each year), and sponsorship of occasional regional meetings, special workshops, and conferences.

Provision of educational services relating to (a) the administration of schools of social work, (b) more adequate financing of social

³ See Hollis and Taylor, *infra*.

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work education, (c) teaching methods, (d) development of scholarship and fellowship programs, and (e) equitable distribution of educational facilities.

Sponsorship of research on educational questions and issues at all levels of social work preparation.

Increasing the quantity and competence of social workers, particularly through organizing and conducting a national recruitment program, study of admission procedures, and the development of methods for evaluating educational results.

Encouragement of and participation in programs of international exchange and cooperation.

Making the knowledge about social work education as developed in Canada and the United States available to other countries.

Certain of these functions are treated in more detail below because of their importance to social work education.

Educational Standards

The standards and policies governing accreditation are set forth in the *Manual of Accrediting Standards for Graduate Professional Schools of Social Work*.⁴ These are constantly under study and change. Although the semi-autonomous 15-member Commission on Accreditation of the Council on Social Work Education has primary responsibility for undertaking such studies and for formulating policies and standards governing accreditation, it enlists the help and cooperation of all parts of the field in these activities.

Accreditation has as its primary objective the continuous upgrading of professional education in all schools of social work. Every effort is made to avoid curriculum standardization and to allow sufficient flexibility for experimentation. Accreditation policies and methods have undergone in recent years and are continuing to undergo some rather basic changes. The Commission on Accreditation of the Council on Social Work Education is now the sole accrediting body for social work education in the United States and

Canada. Its status is recognized by the U.S. Office of Education and the National Accrediting Commission, with both of which it cooperates. Effective July 1, 1959, accreditation of schools of social work is based on the generic two-year program leading to the professional master's degree. There will be no further approval or accreditation of specialized sequences.

Notable also is the institution of periodic accreditation reviews (at ten-year intervals) to insure that all schools of social work are keeping abreast of changing educational requirements. Accreditation standards are more and more expressed in terms of educational goals to be achieved and less and less in terms of fixed absolutes. The process of accreditation is one that is increasingly shared by the Commission through ongoing cooperation with the six regional accrediting bodies and the National Accrediting Commission.

One outgrowth of the study which led to the discontinuance of the accrediting of specialized sequences in schools of social work was the preparation of guides with respect to curriculum content emerging from nine presently recognized fields of practice (child welfare, corrections, community organization, family, group service, medical, psychiatric, public assistance, and school). It is intended that these guides, prepared by representatives of appropriate professional practitioner organizations, be kept current and be made available to schools of social work for use in identifying curriculum content from these various fields of practice considered basic for all social workers, and to suggest content which might enrich the curriculum in relation to a particular field of practice.

The Council will continue to publish in January and July of each year a list of the schools of social work accredited by the Commission on Accreditation. The list, beginning with that issued in July 1959, no longer carries any designation of specialized sequences but designates which schools offer the casework and/or group work process. Eventually it is hoped that the list will indi-

⁴ See under Council on Social Work Education, *infra*.

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cate which schools provide special preparation in community organization, social work administration, and social work research.

Development of the Social Work Curriculum

The attempt to identify the body of knowledge considered basic for inclusion in the curriculum of all schools of social work through joint study by the representatives of member schools of the former AASSW was given systematic and continuous attention by a curriculum committee appointed for this purpose in 1930. The first result of this study was the adoption of a "minimum curriculum" in 1932 which became the basis for judging eligibility of schools for membership in the Association until 1944.⁵ In that year, after a considerable period of study, the AASSW adopted a new curriculum policy which became known as the "basic eight." This policy required eight subject-matter areas (social casework, social group work, community organization, public welfare, social administration, social research, medical information, and psychiatric information) as the generic basis for all professional practice. It was recommended that these subjects be studied to the extent possible in the first year of professional education. Although a very real advance over the preceding attempts to fashion a "minimum curriculum" content for all schools, the "basic eight" had unfortunate effects such as fragmentation and compartmentalization of learning and a stereotyped approach to curriculum building. Dissatisfaction and the controversy between the AASSW and the NASSA previously referred to led to new efforts to devise a more helpful curriculum policy statement. The resulting policy, adopted in 1952, has proved to be a more useful guide to the schools in their attempt to construct an effective and integrated basic two-year curriculum, and has been continued to the present time.

Based on this policy statement, the social work curriculum consists of the three following major subject areas:

⁵ Membership in the Association was equivalent to accreditation.

Human Growth and Behavior, which includes a knowledge and understanding of the normal life cycle of the individual and the deviations from this norm. This subject area is recognized as basic for all social work practice. The new approach called for more attention to the content required for use by social workers, to the method of presentation, and to providing a greater synthesis of the knowledge about man as a physiological-psychological-social whole. It calls also for more emphasis on group behavior. It also encourages using the contributions which sociology and anthropology have to make to the understanding of man as well as those which psychology and medicine traditionally have been called upon to provide.

Social Services, which include a comprehensive knowledge and understanding of social welfare policy, structure, programs, and the existing organizations created to administer them. This area requires that students have knowledge of the political, economic, social, and cultural structures of their society and their impact upon the people they serve. Among other implications of the new policy for this curriculum area were (a) the need to incorporate more knowledge in the curriculum from the social sciences and to give social work students a deeper understanding of the import of this knowledge for dealing with the problems which they will encounter in their work; and (b) the need to develop among students a better understanding of their professional responsibilities for leadership in helping shape social policy and action to meet the new and growing needs in an increasingly complex and dynamic society.

Social Work Practice, which includes the professional methods (casework, group work, community organization, administration, and research) used in carrying out social work functions. The policy statement indicated that these methods have both common and unique attributes. It provides for a curriculum organization which it is expected will develop the students' skill in the use of one particular method, more often casework or group work, but also give them an understanding of the other methods. Field instruction was expected to be organized so as to help the student understand and use the knowledge gained from the total curriculum, and not

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only in a given area (such as casework or group work) as had been the focus in the past.

Effective curriculum building is a technically difficult, never-ending, and time-consuming undertaking, and experience in it is rather limited. A session on curriculum building for social work education, conducted by Dr. Ralph W. Tyler⁶ at one of the Annual Program Meetings of the Council on Social Work Education, resulted in widespread requests from schools of social work for more intensive help in this area. Accordingly funds have been secured to hold a week's workshop on curriculum building in 1960.

Current Curriculum Developments

1. *The Curriculum Study.* Of major potential importance to curriculum development is the completion of the Council's three and one-half year Curriculum Study culminating in the publication of a thirteen-volume report in July 1959. (See Bibliography, *infra*, for titles.) The focus of the Study was on desirable educational objectives, since this is basic to all other steps in curriculum building. Some attention was also given to selection of learning experiences by which to attain these educational objectives and in their organization to maximize their cumulative effect.

As indicated above, the general policy governing the content and organization of the present curriculum in schools of social work provides for three major areas, namely the social services, human growth and behavior, and social work methods. The Curriculum Study does not appear to recommend a radical departure from this design but rather it suggests a modification in the time distribution, in objectives, in new constellations of learning experiences, a somewhat different and more clearly defined role for field instruction, and the desirability for a highly integrated curriculum and greater continuity

between undergraduate and graduate education for social work. Undoubtedly the most controversial aspect of the report relates to the suggestion that professional education be started in the third year of undergraduate education and that the current second year of graduate study be devoted to a one-year practicum spent in a recognized social agency.

The staff who undertook the Curriculum Study were given complete independence to conduct it as they thought best. They are likewise, therefore, responsible for the content of the reports even though the Study plan which was followed involved the use of widely representative advisory panels. Publication of the reports under the plan as agreed upon with the Study staff in no way implies endorsement by the Council.

The ultimate influence of the Curriculum Study upon education for social work will not be known for a considerable period of time. There will need to be a thorough discussion and consideration of the findings and recommendations by all the parties concerned before its possible use can be determined. Whether some of its recommendations become a part of the educational standards will be determined by the attitude of the graduate schools and undergraduate departments, the profession generally, and the recommendations which will come after study of the reports by the Curriculum Committee, the Accreditation Commission, the House of Delegates, and the Board of Directors of the Council.

2. *Curriculum Committee.* Of great potential significance to curriculum development was the establishment of a Curriculum Committee in early 1959 within the structure of the Council on Social Work Education. All of the various special committees established by the Council to deal with specific curriculum areas such as corrections, community organization, group work, field instruction, and so on, are to be terminated in their present form. The Curriculum Committee will have responsibility for considering *all* areas of the generic curriculum. Its first task will be an analysis of the Curriculum

⁶ Currently Director of the Center for Advanced Study in the Behavioral Sciences, Stanford, California, and formerly Dean, School of Education of the University of Chicago.

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Study reports and their implications for the current governing Curriculum Policy Statement and curriculum development generally.

3. *Teaching Materials Committee.* Closely related to the work of the Curriculum Committee is that of the reconstituted Teaching Materials Committee. Its major responsibility will be to redesign the teaching materials produced by the Council to make them better serve the more integrated plan of social work education and to stimulate the production of and make available a wide variety of teaching materials which will help the student to integrate his knowledge and will give greater emphasis to generic concepts in social work.

4. *Educational Aspects of Practice.* One of the more difficult tasks confronting social work educators is to bring into the classroom the new knowledge being developed in the various fields of practice. This needs to be done by all schools of social work, but there is need also for the central national organization concerned with curriculum development and standards to be closely related to developments in practice. In an effort to more adequately help education and practice join forces in the interest of a more dynamic and practical curriculum, the Council on Social Work Education plans to establish a companion to the Curriculum and Teaching Materials Committees, called the Educational Aspects of Practice Committee, whose chairman is to be an *ex-officio* member of the Curriculum Committee. The Committee on Educational Aspects of Practice will be representative of the nine presently recognized fields of practice (see Educational Standards, above). The representative of each field will be expected to act as a spokesman for his field and to: (a) make use of already established task-groups (e.g., the *ad hoc* Committee of the Medical Social Work Section of NASW); (b) establish task-groups for specific purposes when needed (e.g., the *ad hoc* Committee on The Family Welfare Field of Practice established to produce a "Description-of-Practice Statement" for this field); and (c) chair as needed a subcommittee for ongoing activity (e.g., corrections).

Representatives may be selected from prac-

tice or education. All the methods of social work will also be represented. The Committee will work in close cooperation with the Commission on Education of NASW.

The central purposes of the new Committee will be to develop a more effective working relationship between education and practice around educational matters; to bring questions arising from practice relative to education to the Curriculum and Teaching Materials Committees; to utilize existing resources in the fields of practice for educational purposes; to help each practice field maintain an over-all view of education and to keep it related to the whole of social work education; and to accept specific assignments from the Curriculum and Teaching Materials Committees.

5. *Education Beyond the Master's Degree.* Admittedly more attention needs to be given to the post-master's curriculum. There is a wide disparity both as to resources available and the program requirements among the thirteen schools in the United States and the one in Canada which offer a program of study beyond the master's degree. For a number of years the Council maintained a very active Advanced Curriculum Committee on which all the schools having an advanced program were represented. It gave attention to curriculum and other aspects of the advanced program of study. Since the completion of its three-volume report in 1955,⁷ the Committee has been semi-dormant. It has become clear that social work must look increasingly to these advanced programs to develop the quality of leadership needed to cope with the complex social problems of modern society. Related also is a new consideration in advanced education which confronts the field in the development of a program of advanced study by a school which does not offer the core curriculum for the master's degree and, hence, does not come within the concern of the Commission on Accreditation since there is presently no provision for accrediting advanced programs of study in social work. Plans have now been made to

⁷ See Council on Social Work Education, *Social Work Education in the post-Master's Program* (*infra*).

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reactivate the Advanced Curriculum Committee to provide the machinery by which more joint consideration can be given to strengthening education for social work beyond the master's degree program.

6. *Underdeveloped Curriculum Areas.* The Curriculum Study confirmed the general conviction that different areas of social work practice and education have developed somewhat unevenly. The methods of community organization, administration, and research are examples of what may be termed underdeveloped curriculum areas.

It is to be expected that those in various areas of social work practice think that the preparation given students in schools of social work in these areas is less than it should be, and/or that students are not sufficiently alerted to the career opportunities in these areas. These suppositions may well be true in certain instances for a variety of reasons: it may be a newly developing or greatly expanding area; it may be one in which much new knowledge is being reported; it may be one against which there is prejudice or lack of current knowledge; it may have less status than other areas of practice; it may not offer the same volume of financial assistance to students as do competing fields; and so on.

Recently the Council has utilized the special conference as a means of getting at the educational problems of certain of these underdeveloped practice areas. The first such workshop was undertaken by the Council at the instigation of the National Committee on the Aging of the National Social Welfare Assembly in September 1958. This week-long seminar, held at Aspen, Colorado, and financed by the Ford Foundation, brought together some eighty faculty members and practitioners from social work and a number of specialists from closely related disciplines as consultants. They explored the current knowledge about the physical, social, economic, and psychological aspects of the aging, learned what social agencies serving this field are doing and what these agencies seek as qualifications in their social work staff, the nature of the present curriculum in

schools of social work, and how social work education might better prepare social workers to serve the aging. The Conference gave new insight to the ongoing educational responsibilities of the CSWE and the need for greater collaboration with the National Committee on the Aging, the Commission on Education of the NASW, and the American Public Welfare Association, and with appropriate governmental agencies, all of which have major responsibilities for improving services to this rapidly expanding group. From the seminar has come a number of useful teaching documents on this subject.⁸

A second such special conference had to do with mental deficiency. The Council was a cosponsor with the American Association on Mental Deficiency which initiated the conference held in Milford, Michigan, in June 1959. Ten of the invited participants were faculty members from schools of social work and an equal number were social work practitioners from this field. The purposes of this conference were (a) to review the stage of development of services to the mentally retarded; (b) to appraise the role of social work in services to the mentally retarded; (c) to consider knowledge and understanding of retardation needed by all social workers, with particular consideration given to special skills which may be required by the social worker dealing with the mentally retarded; and (d) to develop recommendations for the use and contribution of social work and of social work education. As in the seminar on the aging, highly useful teaching materials developed as a result of this conference will be published as a means of spreading its benefits.

A third conference having a related but additional purpose to those on aging and mental deficiency was one jointly sponsored by Cornell University and the Council, on the training of personnel for service abroad. This is described briefly below in the section, "International Social Work Educational Activities."

These special conferences have been so pro-

⁸ See under Council on Social Work Education, *infra*.

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ductive that others are now being planned. The areas which have already been selected include corrections, group work, and curriculum building. Other areas are under consideration and undoubtedly still others will be proposed. One to which the CSWE is already committed as a cooperating sponsor is being planned by the Children's Bureau, on training for personnel in the field of juvenile delinquency. At least one other such special conference is under consideration having to do with getting into the social work curriculum more of the results of recent research on the treatment of multiple problem families.

These conferences, while important in themselves, are even more significant in helping identify the knowledge which is common for all social work and that which may be specific for a given field. This information is invaluable in planning and in developing the basic core curriculum and in identifying the respective responsibilities of schools and agencies in the education and continued training of social workers.

Another related development of considerable importance is the program launched by the Lilly Endowment for support of graduate training in community welfare research, scheduled for 1960. A few schools having the required research competence located in communities having high potential community research field opportunities and interest will be selected to undertake this special educational program.⁹ It is expected that this project will contribute substantially to the further development of social work research.

Consultation and Related Services

A five-year planned consultation service to graduate schools of social work, provided by the CSWE and financed by a grant from the National Institute of Mental Health (NIMH), was completed in 1959. During this period each school has had one and most schools two visits of at least three days duration, generally involving the total faculty of the

school. Emphasis was placed upon curriculum development. Self-study and evaluation were encouraged in all schools. The impact of this program has been very considerable upon the programs of the schools as reflected in curriculum changes, clarification of educational objectives, and the interchange of information and experience. It has also had significant benefits for the Council in helping it identify curriculum problems, gain a better understanding of the resources and needs of the schools and the field, and learn ways by which the Council can more effectively serve the needs of the schools.

A second five-year consultation service for schools of social work, also being financed by NIMH, was being initiated in 1959. The focus of this consultation will be on the improvement of field instruction, an aspect of social work education which was identified during the first consultation period as one requiring intensive consideration.

Undergraduate departments have long sought consultation from the CSWE. The help provided has been meager and sporadic as resources to finance a well-planned ongoing consultation service on undergraduate education for social work have never been available. In reality the basis for such a service has not heretofore existed. Now, however, the completion of the Curriculum Study has provided an ample foundation for this much needed Council program, and plans for its inauguration are in process.

Social Work Personnel Requirements

One of the most serious problems confronting social work education in recent years has been the growing disparity between the increased need for more professionally prepared personnel to staff the growing complex of social services in the United States and Canada, and the number of graduates of schools of social work. This situation is not of recent origin, since the great majority of social work positions have always been held by those without professional social work preparation. There was general belief in the field, however, that slow but steady progress was being made toward increasing

⁹ Full details may be obtained from the Lilly Endowment, Inc., 914 Merchants Bank Building, Indianapolis 4, Indiana.

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the proportion of professionally educated persons among the total holding social work positions. This belief had been based upon the steady increase in the number of accredited schools, the generally consistent increase in the number of full-time social work students enrolled, and the corresponding increase in the number of these students receiving professional degrees. These data were available beginning in 1932, when a central system of comparable reporting was initiated. They are shown for three-year intervals in Tables I and II.

TABLE I
FULL-TIME STUDENT ENROLLMENT IN ACCREDITED SCHOOLS OF SOCIAL WORK AND NUMBER OF ACCREDITED SCHOOLS IN THE UNITED STATES AND CANADA IN SPECIFIED YEARS^(a)

Year ^(b)	United States		Canada	
	Number of Schools	Full-Time Student Enrollment	Number of Schools	Full-Time Student Enrollment
1932	24	948	—	—
1935	31	1837	—	—
1938	35	2150	—	—
1941	36	2421	2	55
1944	42	2283	2	63
1947	44	3737	3	289
1950	49	4336	4	383
1953	52	3694	7	371
1955	52	3644	7	383
1958	55	4551	7	391

(a) Compiled from annual statistical reports on file with the Council on Social Work Education.

(b) As of November 1 in each year.

The sharp drop in full-time enrollment in schools of social work following the peak enrollment in 1950 continued steadily until 1955. The decline in school enrollment was simply the most easily demonstrated evidence of the widening gap between the need for personnel to staff social work positions (trained and untrained) and the persons who were available for employment.

The significance of what was happening to enrollment and employment came to be realized gradually by those most immediately concerned, beginning in 1952. By 1953, the CSWE launched a modest recruitment program to acquaint young people more generally with the opportunities for a career in social work and to alert the public to the increasingly serious situation of the growing shortage of social work personnel, trained and untrained, to staff existing programs and to point out the consequence of this on the ability of communities to expand present services or institute new ones. Experience soon demonstrated the advisability of one national agency taking program responsibility for giving leadership to this effort. In 1955 it was agreed among the National Association of Social Workers, the National Social Welfare Assembly, and the Council on Social Work Education that the Council should assume this responsibility and organize its efforts

TABLE II
AWARDS GRANTED TO MEN AND WOMEN COMPLETING ONE-YEAR AND TWO-YEAR PROGRAMS IN SCHOOLS OF SOCIAL WORK IN THE UNITED STATES AND CANADA IN SPECIFIED YEARS^(a)

Academic Year	United States						
	Total One-Year and Two-Year Programs		One-Year Program			Two-Year Program	
			Total	Men	Women	Total	Men Women
1944-45	1017	178	13	165	839	43	796
1947-48	1992	227	70	157	1765	496	1269
1950-51	2261	338	185	153	1923	744	1179
1953-54	1792	141	62	79	1651	566	1085
1957-58	1885	141	65	76	1744	646	1098
Canada							
1944-45	58	27	2	25	31	1	30
1947-48	266	189	63	126	77	25	52
1950-51	299	214	79	135	85	25	60
1953-54	293	156	49	107	137	52	85
1957-58	234	127	50	77	107	41	66

(a) Compiled from annual statistical reports on file with the Council on Social Work Education. Earlier comparable figures not available for this compilation.

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around a broad program of careers for social work. Later, in order to insure the most effective use of all available resources, the NASW and the CSWE issued a joint brochure outlining their respective responsibilities in this over-all effort.¹⁰ The CSWE has secured participation and help in its many dimensioned career program from the major national agencies, the schools and undergraduate departments, the NASW, and interested citizens through two policy and planning committees: the Committee on Careers in Social Work, composed primarily of professional personnel and representing the major organizations functioning in social work, and the National Citizens Committee, which is what its name implies.

In 1955, at the request of its member constituent agencies, the Council inaugurated a greatly expanded careers program to help fill existing shortages in employment, to increase enrollment in schools of social work, and to attract more students into related undergraduate departments. Special funds were raised and staff employed for this increased program.

The reasons for the development of an acute shortage of social work personnel are many and complicated. In the main they are the same reasons that are common to many other professions which have suffered similar declines during the same period. Because social work took rather prompt action, the decline in student enrollment was less severe than that suffered in some other professions, and the recovery has been more rapid. Attention is called to the sharp increase in full-time student enrollment in schools of social work following the recruitment efforts to which the CSWE has given leadership. This is the more remarkable in view of the fact that the number of college graduates from which students in schools of social work are mainly recruited continued to decline during this period. It is significant also that the gains made are more than the most liberal estimates projected in 1954 which were based upon past experience.¹¹

¹⁰ See *Partners in Social Work* (*infra*).

¹¹ See the figures supplied by David French in *Social Work Education*, III, 3, Council on Social Work Education, New York, 1955, pp. 46-47.

That there is little room for complacency in social work is best shown, however, by the existing gap between the current number of students graduating and the estimated personnel needed by the field. Unfortunately there are no very reliable figures as to the number of budgeted existing vacancies in the field, the number of new or potential positions coming into being, the number of persons holding social work positions who retire annually, or which of these positions now require or would require professional education if hope existed that such personnel might be available. On the basis of limited studies reported¹² and the general information available, it is estimated by the CSWE that there are between 10,000 and 15,000 new recruits needed in social work annually to fill existing vacancies caused by those leaving the field for all reasons and to staff new positions. These figures do not take into account the increased staff needs resulting from population growth. The schools of social work graduated some 1,885 students in 1957-1958, as shown in Table II.

Attention is called to an interesting and promising development also shown in Table II. This is the increase in the proportion of men students to the total. This trend, if maintained, promises to improve both the economics and status of the profession which has positive implications for its future.

Two problems loom with increasing importance on the educational horizon in connection with the effort to bring more recruits into schools of social work. The increasing registration in schools gives indication of a growing shortage of suitable student field placements to which attention must soon be given if this is not to block a further substantial increase in enrollment. The trend to larger enrollment also offers renewed opportunity for more selective admis-

¹² The basic data on the number, salaries, and working conditions of social workers is contained in the study made by the Bureau of Labor Statistics, U.S. Department of Labor in 1950, and published by the American Association of Social Workers (*see infra*) in 1952. The Council, in cooperation with other interested national agencies under direction of the National Social Welfare Assembly, has reached agreement with the Bureau of Labor Statistics to make a second comparable study in 1960.

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sion as a means of upgrading the profession. The Council has given considerable attention to this need and to the methods required to make it effective. It is expected to place greater emphasis on this effort in the immediate years ahead.

Intensive recruitment efforts during these past six years have included the production of a large supply of recruitment materials, including a variety of pamphlets, brochures, leaflets, kits, posters, career charts, and a film strip. The latest recruitment aid is the production of a feature film made available for free distribution in October 1959. The Council continues to serve as a central source of information on careers in social work. In 1958-1959 it handled more than 30,000 written inquiries from students, parents, counsellors, schools, and others. Consultation and assistance is available to communities everywhere in helping them organize and carry on recruitment programs.

As has previously been observed, the future well-being of the profession is closely related to its ability to develop needed leadership from within its own ranks. In this connection attention is directed to the information contained in Table III.

TABLE III

STUDENTS RECEIVING AWARDS IN POST-MASTER'S PROGRAMS IN SCHOOLS OF SOCIAL WORK IN THE UNITED STATES FOR THE YEARS SPECIFIED^(a)

Academic Year	Number of Schools (b)	Awards Granted		
		Total	Third Year (c)	Doctorate
1931-32	3	5	—	5
1934-35	3	5	—	5
1937-38	3	6	—	6
1940-41	4	7	1	6
1943-44	0	0	0	0
1947-48	5	10	5	5
1950-51	6	22	14	8
1953-54	6	23	15	8
1955-56	8	30	20	10
1957-58(d)	9	45	28	17

(a) Source: Annual statistical reports on file with the CSWE.

(b) The number of U.S. schools offering programs of study beyond the two years totaled 13 in 1958. The number of schools making awards in any given year will vary. One Canadian school, the University of Toronto, also offers an advanced program of study. It granted its first doctoral degree in 1957-58.

(c) The award given is a special certificate or diploma.

(d) The latest year for which data are available.

These figures indicate a very slow but steady growth in the number of students taking advanced courses in social work, and hopefully this increase will strengthen the leadership of the profession. This is not, of course, the full potential of such leadership as many social workers still take their advanced study in the social sciences and these students are not represented in the above totals.

Educational Resources

There has been a slow but steady growth in the number of schools of social work throughout the country, reaching its current maximum in 1959 of 56 accredited schools in the United States and 7 in Canada. This development has been the result of local action in which the Council has participated only upon request as a consultant on technical matters. The somewhat uneven geographical distribution of schools has resulted in requests that the Council consider the establishment of some criteria by which to judge the validity of a given proposal to establish a new school. This proposal has not seemed feasible and may be inappropriate. The Council has, however, prepared for its own use a staff document, "Suggested Principles to Guide the CSWE in Providing Consultation in the Establishment of New Schools of Social Work." It has also prepared and made available for the use of interested communities a second document entitled, "Suggested Guide for Use in Assessing the Need for a New School of Social Work."

Since 1957 the following new schools have been accredited: Rutgers, Hunter, Syracuse, and Yeshiva. In addition, the school at Manitoba was accredited as a two-year school in 1958, having prior to that date been accredited as a one-year school. Two new schools are now in the process of being organized, and at least two others are known to the Council as being under preliminary study.

It may be necessary to actively promote the establishment of additional facilities or to encourage the expansion of existing ones if social work education is to close the gap more rapidly between the number of students being graduated and the demand for social workers for practice.

Education for Social Work

International Social Work Educational Activities

1. *The third international survey of social work education* was completed in early 1959 by the United Nations.¹³ The first such undertaking was made in 1949. The ten intervening years have seen great progress toward the development of a more universal concept of the nature and content of social work education; a great increase in social work training facilities, particularly in the less developed areas of the world; and a substantial increase in recognizing the need for personnel specially trained to develop and administer needed welfare programs and services.

It seems obvious from this third survey that many of the most distinctive features of education for social work in the United States have made an impact upon related programs of education in many parts of the world. Indications are that this influence will continue. Among the more pronounced features of education for social work in the United States and Canada which seem to be spreading are: courses in social work methodology and content, particularly case-work, administration, community organization, and research; field instruction as an integral part of training; and, apart from Europe, the location of education for social work within universities. Despite these influences, there is growing recognition that education for social work must take into account the cultural differences within each country. There is a growing understanding that however universal social work concepts may be, they require differential application and do not necessarily result in a universal pattern of services.

2. *The Ninth International Congress of Schools of Social Work* was held in Tokyo on November 27-29, 1958, and brought together more than 160 educators from 16 countries. Despite the differences in the patterns of social work education throughout the world, these delegates talked, according to one of them,¹⁴ "the same language." He goes on to point out, "It would seem that similarities predominate around the fundamentals of

social work education and that differences are more apparent in the specific application of those fundamentals. This is as it should be." Another participant stated, "There was agreement on certain fundamentals of social work education, such as the core body of knowledge upon which social work theory and practice rest, the principle of integration between theory and practice (class and field instruction) in curriculum development, and social work theory and method, as significant curriculum content areas."¹⁵ She noted also that there were a number of problems common to education in all countries such as: the place of social science content in the curriculum; should students be taught one or all the methods of social work; what are the universal substantive objectives of field instruction; should schools of social work attempt to prepare personnel for all levels of operation (with differing levels of education) such as policy making and administrative posts, direct practice positions, village level workers, and auxiliary personnel, or concentrate on one specific level.

3. *U.S. developments related to international social work education.* There continues to be a growing number of social work students coming to the United States for study as well as many United States social workers going abroad both for study and as technical consultants. These exchange and technical aid programs are carried on under a great variety of public and voluntary auspices.¹⁶ They contribute immensely to a more common base for social work education among the participating nations. The Council on Social Work Education, for example, has had a three-year contract—which, on July 1, 1959, was renewed for another two and one-half years—which provides for sending a

¹³ Mildred Sikkema, "Issues in Social Work Education at the Ninth International Congress of Schools of Social Work, and Their Implications for the United States." Adapted from a paper presented at the National Conference on Social Welfare, San Francisco, May 26, 1959.

¹⁶ There is no one source of information which lists all the opportunities for United States personnel to study abroad. By far the largest number of opportunities are available from United States Government grants. Information on such opportunities are readily obtained from the Institute of International Education, 1 East 67 St., New York 21, N. Y.

¹³ See *infra*.

¹⁴ See Bowers, *infra*.

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number of consultants on social work education to selected Indian schools of social work and in bringing a number of Indian social work educators to the United States for study. Every effort has been made in this undertaking to prevent the automatic transfer of United States patterns of social work education to India. Rather, U.S. consultants have attempted to help their Indian colleagues utilize and adapt concepts, methods, and ideas for use within the cultural, economic, and educational resources of India. This project has had great benefits to social work education in both countries.

There are a number of contracts entered into by the International Cooperation Administration and individual universities in the United States which call for the sending of faculties abroad to specified universities for consultation in agreed-upon areas of education. Often this includes social work.

4. *Interprofessional conference on training for service abroad.* Another recent development offering significant promise to education for social work was the June 1959 Interprofessional Conference on the Training of American Personnel for Overseas Programs, jointly sponsored by Cornell University and the CSWE. This conference, financed by the Council on Economic and Cultural Affairs and the CSWE, included professional representatives from agriculture, education, public administration, public health, and social work. It also included representatives from the social science disciplines of anthropology, psychology, economics, and sociology.

The purposes of the conference, stated in briefest terms, were (a) to consider a theory of social change in diverse cultures; (b) to examine the application of the theory by the different professions; (c) to help develop a better understanding among the professions of their roles abroad and to encourage their collaboration; and (d) to examine what are the common training needs of professional personnel in addition to their own professional education for their work abroad. This conference is regarded as a first step in a program to help social work education play a more effective part in the preparation of

personnel for service abroad and to develop more effective interprofessional team work among United States technicians working abroad. The results will be available in published form late in 1959 from the CSWE.

5. *Selected bibliography.* One very helpful book recently made available by the Committee on International Social Work Education of the CSWE is the *Selected Bibliography of North American Social Welfare Literature*.¹⁷ It was prepared with the help of some 200 social workers located in all parts of the world. This annotated bibliography is highly selective, being based upon the form, content, accessibility, and adaptability to translation of all of the literature available in this field.

List of Accredited Schools of Social Work

The Council on Social Work Education publishes in January and July of each year a list of the graduate schools of social work which are at that time accredited by its Commission on Accreditation. This list is available without charge upon request from the national office. The Council maintains for reference purposes a master list of all schools which have been accredited by one of its predecessor organizations, the American Association of Schools of Social Work, and its own Commission on Accreditation. The master list shows dates of establishment and discontinuance of the schools, the actual and retroactive dates of accreditation of basic programs, and the dates of change in status and approval of specialized programs. The present accredited list reflects the new accreditation policy described above as a result of which the previous practice of noting certain accredited specializations has been discontinued.

The date in parentheses in the accredited list below indicates the year in which the school was accredited. Sequences in the master's program and advanced programs of post-master's education are not subject to separate accreditation, but for identification purposes schools offering third-year and doctoral programs or both are marked with the symbol †. All schools except those marked with the

¹⁷ See under Council on Social Work Education, *infra*.

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symbol * offer a two-year sequence of class and field instruction in social casework. Schools marked with the symbol # offer a two-year sequence in class and field instruction in social group work. Inquiries about the types of agencies in which field instruction in social casework and social group work is offered, and educational programs and admission requirements of the various schools, should be directed to the individual schools. Some schools have developed sequences of class and field instruction in community organization, administration, and research, and for the present inquires concerning these sequences should be directed to the Council on Social Work Education.

CANADA

BRITISH COLUMBIA

University of British Columbia, School of Social Work, Vancouver 8, British Columbia. William G. Dixon, Director. (1945)

MANITOBA

University of Manitoba, School of Social Work, Winnipeg, Manitoba. Helen Mann, Director. (1949)

ONTARIO

University of Ottawa, St. Patrick's College School of Social Welfare, Ottawa, Ontario. Rev. Swithun Bowers, O.M.I., Director. (1951)

#† University of Toronto, School of Social Work, Toronto 5, Ontario. Charles E. Hendry, Director. (1919; withdrew 1928; readmitted 1939)

QUEBEC

Laval University, School of Social Work, Quebec, Quebec. Guy Rocher, Director. (1952)

McGill University, School of Social Work, 3600 University Street, Montreal 2, Quebec. John J. O. Moore, Director. (1924; withdrew 1932; readmitted 1939)

Université de Montréal, L'Ecole de Service Social, C.P. 6128, Montreal, Quebec. Rev. André-M. Guillemette, O.P., Director. (1951)

UNITED STATES

CALIFORNIA

University of California, School of Social Welfare, Berkeley 4, California. Milton Chernin, Dean. (1928)

University of California at Los Angeles, School of Social Welfare, Los Angeles 24, California. Donald S. Howard, Dean. (1949)

#† University of Southern California, School of Social Work, Los Angeles 7, California. Malcolm Stinson, Dean. (1922)

COLORADO

University of Denver, School of Social Work, Denver 10, Colorado. Emil M. Sunley, Director. (1933)

CONNECTICUT

University of Connecticut, School of Social Work, 1380 Asylum Avenue, Hartford 5, Connecticut. Harleigh B. Trecker, Dean. (1949)

DISTRICT OF COLUMBIA

#† Catholic University of America, National Catholic School of Social Service, Washington 17, D. C. John H. Palacios, Acting Dean. (1937)

Howard University, School of Social Work, Washington 1, D. C. Mrs. Inabel Burns Lindsay, Dean. (1940)

FLORIDA

Florida State University, School of Social Welfare, Graduate Program in Social Work, Tallahassee, Florida. Coyle E. Moore, Dean. (1950)

GEORGIA

Atlanta University School of Social Work, Atlanta, Georgia. Whitney M. Young, Dean. (1928)

HAWAII

University of Hawaii, School of Social Work, Honolulu 14, Hawaii. Mrs. Katharine N. Handley, Director. (1942)

ILLINOIS

† University of Chicago, School of Social Service Administration, Chicago 37, Illinois. Alton A. Linford, Dean. (1919)

University of Illinois, School of Social Work, Urbana, Illinois. Marietta Stevenson, Director. (1946)

Loyola University, School of Social Work, 820 N. Michigan Avenue, Chicago 11, Illinois. Matthew H. Schoenbaum, Dean. (1921)

INDIANA

Indiana University, Division of Social Service, 122 East Michigan Street, Indianapolis 4, Indiana. Mary Houk, Director. (1923)

IOWA

State University of Iowa, School of Social Work, Iowa City, Iowa. Mark Hale, Director. (1951)

KANSAS

University of Kansas, Graduate Department of Social Work, Kansas City, Kansas. Joseph Meisels, Chairman. (1948)

KENTUCKY

University of Louisville, The Raymond A. Kent School of Social Work, Louisville 8, Kentucky. Arleigh L. Lincoln, Dean. (1937)

LOUISIANA

Louisiana State University, School of Social Welfare, Baton Rouge 3, Louisiana. Earl E. Klein, Director. (1940)

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Tulane University, School of Social Work, New Orleans 18, Louisiana. Walter L. Kindelsperger, Dean. (1927)

MASSACHUSETTS

Boston College, School of Social Work, 126 Newbury Street, Boston 16, Massachusetts. The Rev. John V. Driscoll, S. J., Dean. (1938)

Boston University, School of Social Work, 264 Bay State Road, Boston 15, Massachusetts. John D. McDowell, Dean. (1939)

Simmons College, School of Social Work, 51 Commonwealth Avenue, Boston 16, Massachusetts. Robert F. Rutherford, Director. (1919)

† Smith College School for Social Work, Northampton, Massachusetts. Howard J. Parad, Director. (1919)

MICHIGAN

Michigan State University, (College of Business and Public Service), School of Social Work, East Lansing, Michigan. Gordon J. Aldridge, Director. (1952)

† University of Michigan, School of Social Work, Ann Arbor, Michigan. Fedele F. Fauri, Dean. (1922)

Wayne State University, School of Social Work, Detroit 2, Michigan. Charles B. Brink, Dean. (1942)

MINNESOTA

† University of Minnesota, School of Social Work, Minneapolis 14, Minnesota. John C. Kidneigh, Director. (1919)

MISSOURI

University of Missouri, School of Social Work, Columbia, Missouri. Arthur W. Nebel, Director. (1919; withdrew 1937; readmitted 1948)

Saint Louis University, School of Social Service, 221 N. Grand Boulevard, St. Louis 3, Missouri. Rev. A. H. Scheller, S. J., Director. (1933)

† Washington University, The George Warren Brown School of Social Work, St. Louis 5, Missouri. Benjamin E. Youngdahl, Dean. (1928)

NEBRASKA

University of Nebraska, Graduate School of Social Work, Lincoln 8, Nebraska. Richard Guilford, Director. (1940)

NEW JERSEY

Rutgers University, Graduate School of Social Work, New Brunswick, New Jersey. Wayne Vasey, Dean. (1957)

NEW YORK

Adelphi College, School of Social Work, Garden City, L. I., New York. Arthur Katz, Dean. (1951)

University of Buffalo, School of Social Work, 3435 Main Street, Buffalo 14, New York. Benjamin H. Lyndon, Dean. (1934)

Fordham University, School of Social Service, 134

East 39th Street, New York 16, New York. James W. Fogarty, Dean. (1929)

Hunter College, The Louis M. Rabinowitz School of Social Work, 695 Park Avenue, New York 21, New York. Paul Schreiber, Director. (1958)

† New York School of Social Work of Columbia University, 2 East 91st Street, New York 28, New York. Clara A. Kaiser, Acting Dean. (1919)

New York University, Graduate School of Public Administration and Social Service, Social Service Program, Washington Square, New York 3, New York. Tessie D. Berkman, Director. (1955)

Syracuse University, School of Social Work, 400 Comstock Avenue, Syracuse 10, New York. Howard B. Gundy, Director. (1958)

* Yeshiva University, School of Social Work, New York 19, New York. Morton I. Teicher, Director. (1959)

NORTH CAROLINA

University of North Carolina, School of Social Work, Chapel Hill, North Carolina. Arthur E. Fink, Dean. (1920; withdrew 1932; readmitted 1936)

OHIO

† Ohio State University, School of Social Administration, Graduate Program, Columbus 10, Ohio. Everett C. Shimp, Director. (1919)

† Western Reserve University, School of Applied Social Sciences, Cleveland 6, Ohio. Nathan E. Cohen, Dean. (1919)

OKLAHOMA

University of Oklahoma, School of Social Work, Norman, Oklahoma. C. Stanley Clifton, Director. (1938)

PENNSYLVANIA

† Bryn Mawr College, Carola Woerishoffer Graduate Department of Social Work and Social Research, Bryn Mawr, Pennsylvania. Mrs. Katherine D. Lower, Director. (1919)

† University of Pennsylvania, School of Social Work, 2410 Pine Street, Philadelphia 3, Pennsylvania. Ruth E. Smalley, Dean. (1919)

† University of Pittsburgh, Graduate School of Social Work, Pittsburgh 13, Pennsylvania. Wilber I. Newstetter, Dean. (1919; withdrew 1922; readmitted 1934)

PUERTO RICO

University of Puerto Rico, School of Social Work, Rio Piedras, Puerto Rico. Mrs. Adriana R. de Guzmán, Director. (1935; withdrew 1937; readmitted 1947)

TENNESSEE

The University of Tennessee, School of Social Work, 810 Broadway, Nashville 3, Tennessee. Sue Spencer, Director. (1945) (Formerly Nashville School of Social Work)

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TEXAS

Our Lady of the Lake College, Worden School of Social Service, San Antonio 7, Texas. Irene E. Morris, Director. (1945)

University of Texas, School of Social Work, Austin 12, Texas. Lora Lee Pederson, Director. (1952)

UTAH

University of Utah, School of Social Work, Salt Lake City 1, Utah. Rex A. Skidmore, Dean (1940)

VIRGINIA

College of William and Mary, School of Social Work, Richmond Professional Institute, 800 West Franklin Street, Richmond 20, Virginia. George T. Kalif, Director. (1919)

WASHINGTON

University of Washington, Graduate School of Social Work, Seattle 5, Washington. Victor I. Howery, Dean. (1934)

WEST VIRGINIA

West Virginia University, Department of Social Work, Morgantown, West Virginia. Thompson R. Fulton, Head. (1942)

WISCONSIN

University of Wisconsin, School of Social Work, Madison 6, Wisconsin. Arthur P. Miles, Director. (1922; withdrew 1937; readmitted 1947)

The Council also maintains a directory which is revised and published each January and July, listing constituent member undergraduate departments in universities and colleges offering an organized sequence of courses with a welfare content and which meet the requirements for such membership. As of July 1, 1959, there were 108 such members. This list may be had without cost upon request to the Council office.

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Volume I. *Toward Better Understanding of the Aging*. 1959. 127 pp.

Volume II. *Social Work Education for Better Services to the Aging*. 1959. 93 pp.

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Vol. I. *Objectives for The Social Work Curriculum of The Future* by Werner W. Boehm. 302 pp.

Vol. II. *The Place of The Undergraduate Curriculum in Social Work Education* by Herbert Bisno. 273 pp.

Vol. III. *The Administration Method in Social Work Education* by Sue Spencer. 75 pp.

Vol. IV. *The Community Organization Method in Social Work Education* by Harry L. Lurie. 270 pp.

Vol. V. *Education for Social Workers in the Correctional Field* by Elliot Studt. 50 pp.

Vol. VI. *An Orientation to Knowledge of Human Growth and Behavior in Social Work Education* by Ruth M. Butler. 80 pp.

Vol. VII. *Education for Social Workers in the Public Social Services* by Irving Weissman and Mary R. Baker. 170 pp.

Vol. VIII. *Education for Social Workers in the Rehabilitation of the Handicapped* by John J. Horwitz. 76 pp.

Vol. IX. *The Research Method in Social Work Education* by Samuel Mencher. 61 pp.

Vol. X. *The Social Casework Method in Social Work Education* by Werner W. Boehm. 164 pp.

Vol. XI. *The Social Group Method in Social Work Education* by Marjorie Murphy. 176 pp.

Vol. XII. *Social Welfare Policy and Services in Social Work Education* by Irving Weissman. 94 pp.

Vol. XIII. *The Teaching of Values and Ethics in Social Work Education* by Muriel W. Pumphrey. 164 pp.

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 No. 3—*Field Work and Related Issues.* 1955. 80 pp.
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ERNEST F. WITTE

EMPLOYMENT SERVICES. An employment service is a specialized agency which seeks to match the qualifications of individual workers with the requirements of jobs. There are three types of services—private agencies conducted for profit, private nonprofit agencies, and the public employment system. While all three services may deal with employment offices operated by companies, they are distinguished from company-operated offices in that they recruit a wider range of workers and serve a large number of companies.

Employment services are valuable to the extent to which they promote maximum utilization of the active labor force, reduce the time lost between jobs for individual workers, and lessen the need for idle labor reserves by prompt and accurate matching of job requirements with the skills of available workers.

PRIVATE EMPLOYMENT AGENCIES

There are in general two types of private employment agencies: fee-charging and nonprofit. Fee-charging agencies are widespread enough to attract the attention of most state legislatures, and regulating laws have been passed in all but six states. The U.S. Supreme Court has ruled that states may license and regulate private employment agencies as well as fix fees charged by them. Although from time to time there are proposals to eliminate fee-charging agencies (such as proposals

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adopted by the International Labor Organization in 1933, revised in 1949, and ratified in 1953 by ten countries not including the United States), the thinking of many people in the field is that the best way to accomplish this is to conduct an effective public employment service. Studies made in several leading cities indicate that the charge made by a typical private fee-charging agency would be 5 per cent of the annual salary.

Another type of placement service is that operated by voluntary agencies. These function as a free service to both applicant and employer, and are concerned with placement of people in specific categories in which the agency is interested. Among the better known nonprofit voluntary services are those operated by professional societies, the YMCA and YWCA, colleges and universities, business schools (for their own graduates), "Over 60" clubs, the National Urban League (a restricted pilot program), the Veterans Administration (for placement of seriously handicapped in some areas), and churches that participate in refugee relief programs, discussed later. In addition, others of a local nature are found in many communities.

THE UNITED STATES EMPLOYMENT SERVICE

The need for and the existence of public employment offices can be traced back to the 1400's in Europe, and in this country to the early 1800's. However, the United States Employment Service (USES), as we know it today, had its beginning when President Roosevelt signed the Wagner-Peyser Act on June 6, 1933, establishing a nationwide system of affiliated federal-state employment offices. The USES is a part of the Bureau of Employment Security, U.S. Department of Labor.

In reviewing the history of the USES, it is interesting to note that while it was born during the nation's most severe depression, when Congressional hoppers were jammed with "emergency" legislative proposals, Congress did not look upon the establishment of the Employment Service as an "emergency" measure. It was considered an essential and permanent action—a service needed during

the immediate depression periods, during the reconstruction period, and for the years to follow.

The United States Employment Service was established as a separate bureau in the U.S. Department of Labor on July 1, 1933. Because the nation's most pressing problem was to put people to work, the new USES was immediately called upon to play a major role in a depressed economy.

The Wagner-Peyser Act provided that the USES was to be established on July 1, 1933. On that date the former public employment system consisted of some 250 offices, scattered through 23 states. This included veterans and farm placement offices. Most of those offices were inadequately staffed, unattractive, and poorly located, but within their limited resources they did render service, mainly to domestic, unskilled, and casual workers. They were not, however, equipped to promote an effective organization of the labor market. The onrush of the public works programs and of employment plans growing out of the National Industrial Recovery Act put a premium on speed; orderly methods of putting the unemployed to work required opening a network of public employment offices without delay.

Organization of the USES

The USES was organized quickly, and its major responsibility, "to promote and develop a national system of employment offices" became its prime objective.

By the end of the first year of operation, 18 states and the District of Columbia had affiliated with the USES. As of June 30, 1936, 35 states had affiliated. By June 30, 1938, the originally contemplated structure of a nationwide system of employment offices had been completed. All 48 states, the District of Columbia, and the Territories of Alaska and Hawaii had a "going" state employment service, affiliated with the USES. A nationwide employment service system had become a fact.

Except for the World War II period, this organizational pattern, a nationwide, federal-state system of public employment offices

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under the leadership of the USES, has continued to serve the public. On January 1, 1942, at the request of the President the state employment services, "lock, stock and personnel," were turned over to the federal government for the duration. On November 16, 1946, after the war emergency had passed, the employment services were again returned to state direction, under the federal-state system, as provided for in the Wagner-Peyser Act. This is the pattern of operation today—state employment services, affiliated with the USES.

Development of Programs Activities

The USES quickly realized that even while handling mass unemployment on an emergency basis, groundwork had to be laid for the future. Research studies and developmental projects were undertaken on the several phases of employment service activities. This action was in accord with the terms of the Wagner-Peyser Act which provided for a national system of employment offices for men, women, and juniors, including counseling and placement services, a veterans' service, a farm placement service, a system for clearing labor between the states, and so forth.

One of the early actions of the USES was the development of a clearance system designed to serve both government projects and private industry. Briefly, this system provided the method for recruiting qualified workers in areas of labor surplus for employment in an area of labor shortage. The system was set up to operate between local offices within a state, and/or between offices in different states. It was the first test of the nationwide public employment service system, and it worked. While the clearance procedure has been changed and improved, the basic plan is still in effect. Thousands of jobs are filled every year through this "intra" and "inter" state clearance system.

To provide the technical tools and to facilitate services necessary for a professional employment exchange, an Occupational Research Program was launched on July 1, 1934. To provide personnel in local offices with infor-

mation about the content and requirements of jobs, the ORP placed first emphasis upon two areas of activity. These were: (1) Job analysis, in which descriptive information about occupations in industry and business was collected, processed, and released. By 1936, this project was directed toward the production of the *Dictionary of Occupational Titles*. (2) Worker analysis, in which the abilities, aptitudes, educational background, and other characteristics needed to do a given job successfully were studied. Tests were developed by which to measure the abilities and characteristics of job seekers in relation to specific jobs.

Job analysis began in 1934 when a small group of technicians began to observe individual jobs in the cotton textile industry and in the laundry industry. Writers began the composing of job descriptions. As a result, in 1935, there were issued "volume job descriptions," covering the laundry industry and the cotton textile industry.

In 1935, 15 occupational research centers were established with funds supplied by the Spellman Fund, the Carnegie Corporation, the USES, the Works Progress Administration and The National Re-employment Service. At these centers, job analysis, as well as the other aspects of the occupational research program, were advanced greatly. Techniques were refined and applied on an expanded basis. Multiple coverage of the industry studies was obtained through coordination of the activities of the field centers, preliminary to the preparation of job descriptions. The form of preparation of job descriptions was evolved so that they would be useful both as textbooks for general training and as ready reference material in daily employment office operations.

By 1936, the job descriptions developed by the USES were available for purchase through the Government Printing Office. *Job Descriptions for the Construction Industry*, a 5-volume publication, was used as a reference tool in local offices. Local preparation of job descriptions for immediate use was also tried experimentally. By this time, industry, schools, libraries, professional associations, and other agencies had begun to take an interest in the

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job analysis program and started using these and other occupational analysis program materials.

The test research program, established in 1935 as a part of the occupational research program, planned first the development of oral trade questions to assist interviewers in quickly assessing applicants' skills acquired through previous work experience. Procedures were developed, tested, and standardized, and analysts in the 15 field research centers, following carefully prepared instructions, collected sets of questions for each job. When consolidated and edited, the questions were given a preliminary tryout on known experts in the trade, after which they were revised, retested, analyzed, and checked.

After the efficiency of the questions in differentiating between experts and nonexperts had been established through statistical analyses, these were made into tests, usually consisting of about 15 questions each. Oral trade questions for approximately 150 occupations were verified. Representative jobs in such important industries as construction, machine shop, and foundry were included in this coverage. In 1937 these trade tests were installed on an experimental basis in certain selected offices of state employment services. Interviewers were carefully trained in the use and interpretation of the tests and were given a description of how they were developed.

Typing and stenographic tests were also standardized on a large number of employed individuals and the use of these was inaugurated experimentally in a few local offices. While there were already a number of such tests in existence, the primary contribution of the USES test research program was in their standardization on samples of employed persons and the development of separate norms for speed and accuracy. An applicant's performance could thus be evaluated separately for speed and accuracy and compared with that of job demands in order to make suitable referral and placement. A test of spelling ability was also developed to assist in selecting stenographers and others as an aid in making a suitable referral.

Attention was also directed toward the development of aptitude or predictive batteries of tests for evaluating the applicant's aptitudes for acquiring the knowledge and skills of an occupation. In the development of these batteries the objective was to provide norms for the interpretation of test results in terms of their specific occupational significance. The first aptitude study was conducted on a sample of over 100 sales persons employed in a department store in Baltimore. Later several other similar samples were studied in other cities and these were combined and led to the development of the first national or B battery, B-1. Aptitude test batteries were also standardized for various clerical occupations.

These items are only examples of the research and developmental activities of the USES. Continuous improvement efforts have been expended in these, and other program areas, as well as in the area of administrative responsibilities.

Special Services

Improved methods have been developed to insure adequate services to all applicants with special problems, such as veterans, older workers, youths, handicapped, and minority group workers. Cooperative programs have been developed with high schools in many cities through which the USES provides counseling and testing services to seniors who are about to enter the labor force. A program for promoting community employment has been developed and released to all state employment services for use in labor surplus areas.

Recently, special emphasis has been put on more adequate placement services to professional applicants and their employers. Nearly 100 local offices, generally located in major cities and extending from coast to coast, have been closely linked into a professional office network. The USES also developed a plan for direct placement services at annual conventions of professional associations and societies.

Over the years the recruitment and placement services to agricultural workers and employers have been strengthened. The recruitment of year-round farm hands con-

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tinues to be a major problem. However, special "Farm Employment Day" programs have been sponsored by many local offices as a device for matching a farmer and his family with a prospective year-round worker and his family. Approximately 1,500 such "days" were held by local offices during the last year. Efforts of the state employment services to recruit farm hands in areas of marginal or substandard farming for relocation in year-round jobs on more productive farms have been quite successful, also.

The full use of local labor, with "day-haul" and "live-in" or "camp" type of arrangements as needed, is constantly emphasized by the USES. When these services do not suffice, the use of migrants, or other domestic workers, recruited through the "Annual Worker Plan," or the clearance system is employed. Foreign agricultural workers are brought into the United States, primarily from Mexico, but only after a determination, and only to the extent, that domestic labor is unavailable.

Local Offices

The real value of the Employment Service is measured by the quality of services provided the public through 1,800 local offices. It is at this level that all USES programs and activities become a fact. It is at this level that the quality of management, planning, and evaluation of service to meet the needs of the local public is of paramount importance.

Accordingly, the USES developed a *Manual* section on "Local Office Organization and Management," for use by the state employment services. Through the analysis of management controls, written into this *Manual* section, the quality of local office planning and services rendered has substantially improved.

Placement the Main USES Function

The USES stresses the need for complete and factual registration of workers seeking employment, so that adequate selections for referral to job openings can be made. The aptitude testing of job applicants with employment problems is a step toward proper counseling which, in turn, is a step toward

"better placement." The testing of abilities to perform specific jobs improves the chances of selecting a better qualified employee and reduces training time and labor turnover costs to the employer.

Improved management and program planning assist in keeping operating costs at a minimum with maximum service to the public. The clearance function and other improved recruitment and placement techniques, including the professional office network, are designed to fill job openings faster, and to help shorten periods of unemployment for workers.

The proper placement of people is the major job of the USES and the affiliated state employment services; more than 6 million jobs were filled last year. The right person on the right job results in a satisfied and satisfactory employee. It is to this end that the efforts of the USES are directed.

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FAMILY LIFE EDUCATION in recent years has come to have a variety of meanings, and is used to cover a broad range of projects and activities. There are wide variations in content, method, setting, and in age levels of participants. Numerous kinds of courses in home management, family relationships, sex education, and other related topics are given in home economics departments of high schools and colleges. Courses on marriage and family living for youth, young married couples, and parents are sponsored by church groups, mental health associations, extension services of state agriculture departments, parent-teacher associations, and social agencies,

to name only some of the most prevalent. Such programs employ a variety of media, and take on many forms—from single meetings in which an “expert” from some field of “human relations” gives a talk and answers questions, to continuous, ongoing, small discussion groups. Leadership varies from the interested lay individual, often a parent, to highly skilled professional persons.

With the increase in knowledge of the dynamics of human behavior, child development, and family relationships, and with the growth in media of communications, family life education, in its broadest sense, is reaching a very high proportion of the population. The mass media of the daily press, commercial magazines, books, television, radio, and movies have in recent years increased their output of materials dealing with some area of family relationships. In this article, attention will be focused primarily on programs carried on by various kinds of organizations on a thoughtful, planned basis, with some brief description of the wide range of activities.

Historical Development

Although the origin of formal parent education is dated from the latter part of the nineteenth century with the founding of the organization which has since been incorporated as the Child Study Association of America (CSAA), concern for the education of parents is evidenced in literature addressed to parents on how to rear children which appeared as early as the 1830's. In 1888 the Society for the Study of Child Nature was founded in New York City, for the sole purpose of educating parents. In 1924, this organization was incorporated as the Child Study Association of America, and today is the only national agency whose program is devoted exclusively to parent education. In 1897 the Congress of Mothers was organized, which later (also in 1924) became the National Congress of Parents and Teachers. Both organizations were originally formed as a result of mothers' interests in improving their knowledge of children and in discharging their responsibilities as parents.

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The National Congress of Parents and Teachers has grown to be an organization of approximately twelve million members, with state and local organizations throughout all the nation. Among its objectives, as listed in its magazine, *National Parent Teacher*¹ are: "to promote the welfare of children and youth in home, school, church and community," and "to raise the standards of home life." In addition, it seeks to promote parent and family life education in the schools; it attempts to "secure adequate laws for the care and protection of children and youth;" and it promotes closer cooperative relations between home and school, works for high standards of education in schools, interprets school program and needs to the general public, and cooperates with other community organizations in work for children and youth. Through its magazine and other publications it gives program suggestions and guides to its constituents.

The Child Study Association of America at one time—during the late 1920's and 1930's—had approximately 135 local chapters in 23 states and several foreign countries. However, at present it carries on its program from its headquarters in New York City; it does not have local affiliates but works with other organizations, local, state, and national, governmental and voluntary, in the promotion of parent education. Its program of service includes establishing and conducting parent discussion groups; training professional persons in parent group education leadership; individual counseling for parents (in the New York area); evaluating children's literature; evaluating literature in the field of child development, parent-child relationships, and parent education; consultation to individuals and organizations involved in establishing and developing programs of parent and family life education; and publication of a quarterly magazine, *Child Study*, a periodical, *Parent Education Exchange Bulletin*, and other pamphlets and books for parents and those who work with parents.²

The first two decades of this century witnessed a steady growth of "mothers' groups,"

which occurred simultaneously with several national developments that focused attention on children and the family. In 1909, the first White House Conference on Children was convened, which led to the establishment of the United States Children's Bureau. In 1914, the Smith-Lever Act was passed, which provided for the establishment of county home demonstration agents. The Smith-Hughes Act was passed in 1917, which gave federal support to home economics teaching. Although the latter two programs were designed primarily to teach "home management" to mothers (mostly rural), a good deal of knowledge regarding child development, parent-child and family relationships, psychological and sociological insights, has been incorporated in these programs.

The parent education movement was given major voluntary support in the first quarter of this century by the Laura Spelman Rockefeller Memorial. Child study and parent education were the major fields of activity which received financial support from the Memorial for a number of years. Early grants enabled the Child Study Association of America to be incorporated as a national organization. In 1924, funds from this source supported the first course for graduate students in parent education at Teachers College, Columbia University, conducted cooperatively by the Child Study Association of America. Other child development programs were subsequently established in such universities as Iowa, Minnesota, California, Cornell, Toronto, and Yale, and at Vassar College. These and other child development centers are functioning today, with major emphasis on research in this field.

It was in 1925 that Ernest Groves initiated the first course on marriage and the family at the University of North Carolina, which was followed by other similar courses in other universities. The Annual Groves Conference on Marriage and the Family continues to provide a forum for leaders in the field.

The National Council of Parent Education was organized and functioned during the early 1930's. It published materials, including a journal, *Parent Education*, and conducted regional and local conferences and institutes

¹ See *infra*.

² See *infra*.

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for parent education leaders. Dr. Eduard C. Lindeman was its Consulting Director and provided the needed leadership during most of the period of its existence. Lack of funds, particularly the termination of Laura Spelman Rockefeller Memorial funds, caused the organization to disband in 1938. In the same year the National Conference on Family Relations was established. This organization was founded and supported by practitioners from numerous disciplines engaged in marriage counseling and family life and parent education, and exists today as the National Council on Family Relations. Its organization is made up of sections, including research, marriage counseling, and parent education. Through its publications, including a journal, *Marriage and Family Living*,³ its annual conference, and other means of consultation, it provides opportunities for individuals in many professions, organizations, and agencies to plan and work for the advancement of marriage and family living.

During the depression years of the 1930's, parent and family life education was further extended through programs such as that of the Works Projects Administration, which provided teachers and other group leaders for communities throughout the country, particularly for families in low-income groups.

Another organization which has exerted influence in more recent history is the American Association of Marriage Counselors. Established in 1943, it brings together practitioners engaged in marriage and family counseling from the fields of medicine, psychology, sociology, education, and the ministry, primarily, as well as from psychiatry and social work. It is concerned with the development and improvement of standards, including standards of training for marriage counselors, and increasing the availability of competent professional service in this field. It publishes pertinent material in *Marriage and Family Living*.

Present-Day Activities

During recent years, family life education programs have increased in number and variety to the extent that today there is hardly

a family in the entire country which does not have the opportunity of at least being exposed to some type of "education" (in its broadest sense) in family living. The content of such programs, as well as the method, varies markedly, often being influenced by local community situations. The content may include only practical matters of home management, or more specifically, a program of sex education, problems of personal and family relationships, or various other related subjects having to do with human relations generally. The method used may be lectures to large groups, lecture and discussion, small group discussions, or audio-visual presentations (with or without discussion), to mention some of the most common.

Most public schools today have courses in family living of one kind or another. In the elementary schools family life education is being carried on, at times beginning in kindergarten or first grade, by classroom teachers. Classroom discussions and simple instructions and experiences are provided which are aimed at helping children learn how to get along together and find solutions to problems of interpersonal relationships. At the secondary level, some form of family life education is focused in the home economics or health and physical education departments. Courses may run the gamut of sex education, personality development, problems of dating, and family relationships, as well as nutrition and home management. Some of these may be conducted by well-trained persons with considerable imagination and understanding, but others by persons who are unequipped to deal with the conflicting feelings which may be stimulated. The American Social Hygiene Association is engaged in the promotion and expansion of family life education in the schools, working cooperatively with school personnel in various demonstration projects.

Courses at the college level have been increasing, stimulated primarily by the child development centers and family life departments of many colleges and universities. Such courses include child development material, personality development, parent-child relations, marital adjustments, and similar subjects. Increasingly, departments of education,

³ See *infra*.

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psychology, sociology, and anthropology are separately, or in combination, offering courses in the dynamics of family life for their students.

Nursery schools have for many years included parent education in their programs. Recently, special emphasis has been placed on this aspect of their work, with more specifically planned educational programs for parents of children in the nursery schools. Cooperative nursery schools, which have been increasing in recent years, have given impetus to programs of education for family living as a total program, rather than education of the child only.

Numerous governmental agencies have continued to play a vital role in the promotion of family life education. At the federal level, there are family life specialists in the Extension Service of the U.S. Department of Agriculture, as well as in the Children's Bureau, Office of Education, and the Social Security Administration of the Department of Health, Education, and Welfare, who work cooperatively with state and local groups in the development of programs. For example, the Maternal and Child Health Service of the Children's Bureau, in cooperation with the Child Study Association of America, has sponsored programs of training local public health and hospital nurses in the theory, skills, and organization of parent group education for expectant parents and parents, in several states. Nurses are trained to organize and conduct discussion groups for expectant parents and parents in local health departments and hospitals. Such groups make use of knowledge gained from dynamic child development, social science research, and group methods of learning, to help the group members increase their understanding of parental roles and parent-child relationships, as well as to acquire needed factual information, rather than being the more traditional instructional type classes.

Visiting nurse associations and mental health centers in most cities are also conducting educational programs in conjunction with other services to expectant parents.

Another new development of recent years is the Parent Education Project of the Uni-

versity of Chicago, initiated in 1953 and supported by a grant from the Fund for Adult Education, entitled "Parenthood in a Free Nation." Volunteer leaders throughout the country are trained to lead study-discussion groups of parents in local communities.

Social agencies, particularly family service agencies, have long had a vital concern in the well-being of the family. To a great extent this concern has been expressed in the development of programs of service to families in trouble, through casework, group work, and similar treatment services. Today, many agencies have moved into the field of prevention with group education programs. The Family Service Association of America includes group education as a function of a family service agency, along with casework and participation in community planning. Other social agencies, such as neighborhood houses, YMCAs, YWCAs, YMHAs, and YWHAs, some child guidance clinics, and child welfare agencies, have become engaged in family life education programs. The types of programs vary from the "one-night stand" type, usually a lecture and discussion of some aspect of family relations, to planned series of group discussions. The content of the latter may be interrelated topics or the series may use the more unstructured group discussion approach, with the content being developed by the group and the leader out of the concerns expressed by the members of the group.

Programs for parents in most smaller communities rest largely with Parent-Teacher Associations in connection with schools, church groups, and adult education groups. Local mental health associations have recently been influential in promoting parent and family life education programs as a preventive mental health aspect of their work.

The past few years have seen a marked increase in information on family life, generally and specifically, supplied through various mass media. Most of the popular commercial magazines regularly have articles on some phase of marital or family relationships. Unfortunately, there is considerable variation in the quality of these articles. *Parents' Magazine*, a monthly periodical published by

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Parents' Institute, Inc., is perhaps the most outstanding commercial publication devoted exclusively to information for parents. Many pamphlets are published on subjects of interest to parents and young people by such organizations as the Children's Bureau, Child Study Association of America, Public Affairs Committee, Science Research Associates, to name but a few. A steady flow of books continue to be published, designed for teen-agers, young adults, and married couples. The media of radio and television show a rather uneven performance in this field. At times, excellent material is presented on some of the weekly television "family" shows and other dramatic programs, while at other times the presentations are superficial, overly dramatic, and of little value. Some educational stations have experimented in thoughtful, well-planned programs dealing with family life. Considerable improvement can be made by greater cooperative effort between the professional persons in the respective fields of the mass media and those who work with families.

Audio-visual materials, such as films and dramatic presentations, have been developed by the National Film Board and the American Theatre Wing, as well as by commercial organizations such as Encyclopaedia Britannica, for wide distribution. The Mental Health Materials Center is a nonprofit organization which distributes materials published and developed by other organizations to be used in family life education programs.

Significant Trends and Issues

As family life education has become of increasing concern to an ever-widening and diverse group of people, lay and professional, there is apparent an increased need for greater coordination of effort and planning. Earlier there was an assumption on the part of some people that a profession of parent or family life education was developing. More recently, there is a trend toward viewing parent and family life education as an activity which utilizes various methods and approaches, by a variety of professions. The need for focusing more clearly on what is meant by parent education and family life education, in terms

of both content and method, is becoming increasingly clear.

There is seen an increasing trend toward the use of the small discussion groups approach, in which parents are helped through skilled leadership to gain insight and understanding of "normal" child development, of factors involved in parent-child relationships, of their own roles as parents, and of the broader aspects of family life in the present changing culture. There is a strong trend toward helping parents discover and utilize their own strengths in finding satisfactory solutions to their problems of everyday living. In this connection there is a trend away from "expertise," the reliance on the expert. However, today many feel that the "expert" in family life has a greater responsibility, namely, to assist in the development of greater self-reliance on the part of parents.

With increased interest in mental health there is a trend toward viewing parent and family life education, carried on thoughtfully and planfully by well-trained persons, as an important area of preventive mental health activity.

Another significant new trend is the development of parent education for parents of handicapped children. Numerous parent groups have been organized, with interests centered on specific types of handicaps of their children. Again the methods of education vary from lectures (singly or in series) to continuous discussion groups in which parents have opportunity to share their mutual problems and concerns and, under skilled leadership, also receive information of value to them. Greater coordination of effort, evaluation of experiences, and development of standards are vitally needed in this particular area of the field.

There has been considerable progress made in distinguishing between "therapy" and "education" as approaches to work with parents and families. A paper presented by Sanford Sherman at the 1958 Forum of the National Conference on Social Welfare, entitled "Group Counseling in a Family Agency,"⁴ and a paper written by Dr. Peter Neubauer

⁴ See *infra*.

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in a CSAA pamphlet, *Parent Group Education and Leadership Training*,⁵ are two illustrations of this trend.

The question of lay or professional leadership is one that still persists. The position that well-qualified persons with adequate training are as necessary here as in other fields of work in human relations is strongly held to. However, such questions as what constitutes adequate training and qualifications, what type of content can be appropriately presented, by what methods, by whom, need to be more fully explored and answered.

There is an increasing recognition of the need for more adequate research in this field. *The Field of Parent Education—A Survey from the Viewpoint of Research*, by Helen L. Witmer, was published in 1934.⁶ No similar major work was accomplished until recently. Research is being carried on in the child development centers; isolated studies have been done in various areas of marriage counseling and education. The United Presbyterian Church has been engaged in a nationwide study of parental concerns. The most outstanding recent contribution is a publication of Russell Sage Foundation, published in the fall of 1959, *Education for Child Rearing*, by Orville Brim.⁷ This work is based on a three-year study of the field sponsored jointly by Russell Sage Foundation and the Child Study Association of America.

Of interest in the broader scope of the field is the development of family life education programs in other countries under both governmental and voluntary agency auspices. The International Union for Child Welfare has included parent education on its programs at its World Congress in recent years. The World Federation for Mental Health has included education in its program for World Mental Health Year of 1960.

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FAMILY SOCIAL WORK in its broadest sense covers all social services designed to improve and strengthen family life and to help individuals and families with problems of family interrelationship or social adjustment.

While family social work is primarily identified with family service agencies, there are many other social welfare resources with similar purpose and objectives toward strengthening family life, such as clinics and agencies serving children and their parents, marriage counseling centers, social service departments of hospitals and churches, preventive health programs, educational programs such as family life education, group work agency programs, community planning activities for the improvement of social conditions and coordination of agency services, and others.

Family service agencies operate under governmental—federal, state, and local—as well as under private—sectarian and nonsectarian—auspices. Although the division of responsibility between public and private agencies cannot be sharply drawn and variations exist that are related to community patterns, the principle of governmental responsibility for

meeting basic welfare needs has been established since the passage of the Social Security Act in 1935.

Public Welfare Agencies

Public welfare agencies are principally state, county, and municipal departments of public welfare which provide general assistance and in cooperation with the federal agencies administer the various categories of assistance provided by federal legislation. *See PUBLIC ASSISTANCE and PUBLIC WELFARE*. They carry the major responsibility for providing financial assistance and related welfare services. Standards of financial assistance vary but it is accepted as sound practice that consideration of need is on an individualized basis and that assistance is given in cash, on a budgetary basis. There has been increasing recognition of the fact that financial need is often accompanied by other social problems and needs and that public assistance programs should include rehabilitative, protective, and preventive services.

Private Family Agencies

Private family agencies include both local nonsectarian and sectarian family service agencies established in all the larger communities and many smaller ones. *See CATHOLIC SOCIAL SERVICES, JEWISH SOCIAL SERVICES, and PROTESTANT SOCIAL SERVICES*. These are usually supported by voluntary private contributions, raised mainly by local community chests or united appeal organizations. They carry major responsibility for providing counseling services to families and individuals with problems of personal and social adjustment. The primary method used is social casework (*See SOCIAL CASEWORK*), yet family agencies as well as others make use of other social work methods and processes in such activities as group counseling, group treatment, family life education, participation in community planning, and so on. Private agencies have developed special resources such as homemaker services, camps, nursery schools, and special services such as legal aid and vocational counseling. The private family

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agency by tradition and principle is flexible and adapts its program to meet changing conditions.

Public and private family agencies together constitute the major resources in any community for meeting social and emotional needs of people. They are therefore in a central position in the total community welfare structure and jointly bear responsibility for improvements of standards of service and for the development of adequate resources.

History

The charity organization movement of the 1870's was the forerunner of family social work. It was related closely to similar developments in England and was an attempt to deal with the complex problem of widespread destitution, inefficient, corrupt public relief, and chaotic, irresponsible private charitable activity. The first charity organization society in the United States was organized in Buffalo, New York, in 1877; by 1900 almost every big city had such an organization.

These early societies viewed their task in a broad perspective of social reform, programs of prevention, and strengthening the capacity of the individual to handle his life's problems. They were the first to apply the money payment principle and took leadership in developing budget standards. Out of their active concern about health, nutrition, and education came legislative reforms of sanitation, housing, child labor laws, compulsory education. By 1893 the charity organization society agencies had demonstrated the value of kindergartens and of school savings banks, which led to their introduction into public schools. By 1896, charity organization society leaders were questioning the practice of placing children in almshouses because of poverty and stressing the importance of family life.

At first, volunteers served as "friendly visitors" to families and helped them with counsel and encouragement. They worked under the direction of a paid agent and of a case committee. Gradually, salaried workers replaced the volunteers and these were trained

on the job. In addition to training courses for workers, under the auspices of agencies themselves, a Charity Organization Society Committee of the National Conference of Charities and Correction gave continuous study to the experience of the field.

In 1909 the Russell Sage Foundation established a Charity Organization Department and appointed as Director, Mary E. Richmond, an experienced executive from the field and one of the early pioneers in social casework, social research, and social reform. The first professional school of social work, the New York School of Philanthropy (established in 1904), now the New York School of Social Work of Columbia University, was sponsored by the Charity Organization Society of New York City.¹ Gradually other schools were organized, usually associated with universities. In 1959, there were 63 graduate schools of social work in the United States and Canada accredited by the Council on Social Work Education. See EDUCATION FOR SOCIAL WORK. The charity organization society movement played a major role in the development of the family service agencies of today, the practice of family casework, and the establishment of councils of social agencies and community chests.

Following World War I, in the 1920's, family social work began to incorporate the developments in the fields of psychiatry and psychology. Mary Richmond in her book, *Social Diagnosis*, the first text on social casework (published in 1917) had already stressed the importance of the individual. The new insights from the behavioristic services gave further direction to casework diagnostic thinking and to the use of the client-worker relationship in the treatment process.

The impact of the depression of the 1930's interfered with this progress. All family agencies were deluged with the problem of meeting mass unemployment needs and worked toward the expansion of public services. The

¹ The Charity Organization Society of New York City was merged in 1939 with the Association for Improving the Condition of the Poor, established in 1948, the two forming the present Community Service Society of New York.

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passage of the Social Security Act in 1935 established the principle that responsibility for meeting basic maintenance needs of families is a governmental one. Although the alignment of responsibility between public and private agencies is based on this principle there continues to be a major problem of how the principle can be extended to provide the necessary casework services that will help to prevent or solve dependency and problems related to it.

The years following World War II brought many social changes—prosperity with a rise in the standard of living, the increase in the middle economic class, the increased mobility of population, the trend toward suburban living, the increased birth rate resulting in a sharply increased number of young children, advances in medical knowledge with an increase of life span and in numbers of persons over 60. All these developments brought new problems to the family social work field and new program developments in both public and private family agencies.

Trends and Developments

In 1953 FSAA published the report of a committee² which outlined the purpose and functions of the private family agency as follows:

Purpose of the family service agency: The central purpose of the family service agency is to contribute to harmonious family interrelationships, to strengthen the positive values in family life, and to promote healthy personality development and satisfactory social functioning of various family members.

The quality of family relationships has profound effects, both positive and negative, on the emotional development and the social adjustment of all members of the family. Positive experiences within a family provide the foundation for satisfactory personality growth as the individual passes through the various phases of development from birth to maturity. The family, as the basic unit of society, has the major responsibility for child

rearing and for preparing its members to fulfill their social roles at the progressive stages of their development.

Functions of the family service agency: The broad purposes of the family agency are carried out through two major functions and three related secondary ones. These functions are: (1) providing casework services; (2) participating in community planning; (3) conducting group educational activities; (4) contributing to professional education; and (5) engaging in research.

The first two may . . . be considered the *major* functions, basic to the program of all family agencies. The other three may be considered *secondary*, to be included under certain conditions. Some agencies may include all three of these secondary functions in their programs, and some none; others may include one or more for a limited period of time on a planned basis. These secondary functions grow out of, and are dependent upon, the two major functions—chiefly the casework program.

Another FSAA committee report³ in 1956, on the content of family social work, related staff requirements to the five functions outlined above. The content of family social work was classified under the three subject areas specified in the curriculum policy statement of the Council on Social Work Education:⁴ (a) social work methods, (b) human growth and behavior, and (c) the social services. The FSAA report points out that although the primary method utilized in the family agency is social casework, other social work processes and methods are also used. The ones mentioned are (a) administration, (b) community organization, (c) research, and (d) group work processes. The report calls attention to some of the special aspects of family social work:

A particular characteristic of family social work is that it encompasses the total family; that is, it is "family oriented." Both the psychosocial study and the psychosocial diagnosis are focused on the family as a unit,

² See Family Service Association of America, *Scope and Methods of the Family Service Agency: Report of the Committee on Methods and Scope (infra)*.

³ See Family Service Association of America, *The Content of Family Social Work (infra)*.

⁴ *Curriculum Policy*, Council on Social Work Education, New York, 1952, mimeographed.

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and treatment may involve contact with several members of the family. Even when the client is separated from other members of the family, his problems are viewed within the framework of family relationships and the treatment goal often includes restoring relationships with members of his family or creating an environment that provides the positive elements intrinsic in family life.

If the person seeking help is a member of a family group, the caseworker undertakes to arrive at a family diagnosis. To make such a diagnosis he must have knowledge about each family member and also about the relationships of the various members to each other, and how treatment of one individual will affect others in the family.

The caseworker must have skill in determining which family members should be drawn into a direct treatment relationship and at what point. He must also be able to decide, on a diagnostic basis, when it is advisable for one worker to undertake the treatment of more than one individual and when it is advisable to divide the case.

In a family agency it is important for a staff member to learn to work with all persons who make up the family constellation: husbands, wives, children, adolescents, elderly persons, and relatives.

... It is important for the caseworker to understand the values of family life, the degree of stress placed upon the members, the diversity of family patterns, and the nature of the interrelationships of family members.

Although the family agency worker has always been concerned with the individual and the family, in recent years considerable attention has been given to family-centered casework for the purpose both of deepening the understanding of family interrelationships and interaction and of discovering new methods of treatment of the family as a unit. A few private family service agencies have developed programs of family group counseling and group treatment. A larger number (38 per cent of FSAA member agencies) have developed programs of family life education, and this form of group education is now generally accepted as a function of the private

family agency. See FAMILY LIFE EDUCATION. This program should be distinguished from the ones undertaken specifically for the purpose of increasing public knowledge about the services and program of the agency. It should not be a substitute for casework service and its development as a program activity should be related to the competence of and the other demands on the professional staff.⁵

Fee charging based on ability to pay was initiated in 1943 and is now well established in the private family service agency; 75 per cent of member agencies received fees from clients for counseling in 1957. Although it is considered sound policy to set fees in relation to actual cost of service for those able to pay the full amounts, priority for service is based on the principle of greatest need and not on ability to pay.

Homemaker service programs developed by private family agencies, primarily for keeping the family unit intact by providing care for children in their own homes during illness or absence of the mother, have been adapted and extended to care for the chronically ill, handicapped, and aged by both public and private family agencies. In 1959, 50 private family agencies were conducting such special programs for persons over 60 years of age. See THE AGING and HOMEMAKER SERVICE.

Specific programs for particular problems, such as for the aging, the "hard to reach" family, the unmarried mother, discharged mental hospital patients, alcoholics and their families, and people needing housing relocation, are conducted by many family agencies, usually within the regular casework program.

There has been an increase in the number of agencies engaged in multiple service; for example, in 1959 over half of the FSAA member agencies offered either foster home placement or adoption service or both.

The FSAA report *Scope and Methods* in 1953 noted that the accumulated experience of the family service agencies in working with children, adolescents, and the aged "is

⁵ See Family Service Association of America, *Scope and Methods of the Family Service Agency* (*infra*).

of sufficient breadth to justify special study of the techniques appropriate for such treatment." Such special study and development of specific program have occurred in the Community Service Society of New York⁶ and in the Jewish Family Service Association of Cleveland.⁷ Of significance, also, was the conference sponsored jointly by FSAA and the Elizabeth McCormick Memorial Fund on Family Casework in the Interest of Children.⁸

Interest in research has been intensified in the family service field. Many of the larger agencies have undertaken substantial programs of their own and also in cooperation with universities, foundations, and research organizations. In 1959, 50 family service agencies were actively engaged in 66 research projects.

Family Service Association of America

The Family Service Association of America is generally accepted as the standard setting body in the field. It was first established in 1911 by a group of leaders in the charity organization society movement and known as the National Association of Societies for Organizing Charity. From 1930 to 1946 it was known as Family Welfare Association of America. In 1946 the name was changed to Family Service Association of America. Member agencies were encouraged to adopt a uniform designation of "family service" in order to be identified more easily as agencies rendering family casework service. To be accredited, family agencies must meet certain minimum standards of agency program, structure, personnel, and support. In 1959 there were 287 accredited member agencies throughout the United States and Canada, each agency being autonomous in terms of

controls and local programs. The Association is governed, in by-laws and constitution, by a General Assembly with delegates from each agency. It is directed in ongoing policy by a board of 54 members and 17 committees. It serves as a national spokesman on matters of social welfare and legislative policy. Specific services to agencies include: (a) Field Service, (b) Personnel, (c) Public Relations Service, (d) Publications Service, and (e) Research.

Field Service provides a two-way flow between FSAA and its member agencies of information on local and national trends, developments, and significant experiments. It provides consultation to both board and administrative personnel of agencies in problems of organization, structure, personnel, and community relations. It is of particular help to new agencies in improving standards of service. Field Service is subdivided into six geographical regions within the United States and Canada. It also works with six regional committees and conducts five professional institutes.

Personnel Service. Important contributions to the entire profession of social work have come from FSAA personnel activities such as in recruitment for social work through the establishment of an FSAA Fellowship Fund and through distribution of recruiting literature and participation with the Council on Social Work Education in its over-all recruitment program; through the development of a classification scheme and evaluation guide for casework positions; and through the development of a guide identifying principles and policies affecting salary administration and salary scale standards.

Public Relations Service provides many publicity aids such as posters, booklets, plays, TV slides, films, and other materials that can be used by local agencies in communities. It also conducts a continuous program of interpretation of sound principles of family life on a national level through articles in magazines and newspapers. This service is also responsible for a magazine, *Family Service Highlights*, designed to give board members a picture of the family service field.

⁶ See "Formulation of Criteria for Direct Work with Children in a Family Agency" by Jeanette Regensburg in Family Service Association of America, *Direct Casework With Children* (*infra*).

⁷ *Some Developments in Family Casework in Behalf of Children*, by Anne C. Schwartz. Paper presented April 3, 1959, at Washington, D.C., at Biennial Meeting of Family Service Association of America. To be published.

⁸ See Family Service Association of America, *Family Casework in the Interest of Children* (*infra*).

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Publications Service publishes literature that provides a means for exchange of ideas and advancement of professional knowledge. It is responsible for *Social Casework*, a monthly journal presenting articles by casework practitioners, educators, social scientists, and others. This periodical was first issued in 1920 under the title of *The Family*. The department also publishes books, pamphlets, reprints, and reports of special studies which contribute to the social work field as a whole as well as to family casework. Several such recent publications are listed in the Bibliography, *infra*.

Research. This department helps family agencies to improve and interpret their services through statistics and trend data; and, through consultation and facilitating services as well as by guiding, encouraging, and participating in significant research projects, it assists them to build a factual and scientific base for practice, policies, and programs. It facilitates the exchange of information on the research and statistical activities of the member agencies of FSAA.

The FSAA maintains a Case Record Library made up of case records selected biennially to illustrate various aspects of family casework practice. It also establishes special committees of professional and lay leaders in the field to study problems of current concern to member agencies and to develop long-range plans.

Other National Organizations

In addition to FSAA there are a number of national organizations which set standards in and work for the development of the field of family social work, including: The American Public Welfare Association; National Social Welfare Assembly; National Conference of Catholic Charities; National Conference of Jewish Communal Service; Department of Social Welfare, National Council of the Churches of Christ in the United States of America; National Committee on Home-maker Service; and the National Committee on Aging. Although these agencies vary in structure, program, membership, and auspices

they share in the development of programs for family social work and in the basic purpose of strengthening family life.

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RAE C. WEIL

FEDERAL AGENCIES IN SOCIAL WORK. "Social work" is a term used only recently in relation to certain activities of the federal government and still used in a limited, technical sense. However, the government has from its early days concerned itself to a degree with the welfare of its citizenry *en masse*, in groups, and in some instances as individuals. During the frontier period this concern was expressed almost solely in the opening up of free lands to underprivileged but enterprising individuals and the making of

land grants to institutions of higher education. Welfare services to individuals were limited to groups for whom the federal government had a special responsibility, such as veterans, seamen, and Indians. The welfare, in a social sense, of the general population was considered to be the responsibility of the individual states. The states themselves usually looked to local subdivisions and voluntary effort for direct welfare activities. As the economy of the United States changed from an agrarian to an industrial one, the national character of many problems emerged or was recognized; and the federal government accepted a greater responsibility for the welfare of its citizens in its broadest terms. In the latter part of the nineteenth century, this responsibility was expressed by the establishment of a number of federal departments and bureaus: the Department of Agriculture in 1862, the Office of Education in 1867, the Bureau of Labor (which later became the Department of Labor) in 1884. During this period social welfare and social work, in the specific sense we now use these terms, were unknown in the federal government.

The entrance of social work into the federal government is considered to have begun in 1909 with the White House Conference on the Care of Dependent Children, which culminated in the establishment of the Children's Bureau in 1912. During the ensuing period, up to about 1930, the role of the federal government in social welfare was largely one of fact finding and education. There was still the general agreement that direct welfare services—including the financing of them—belonged, except for highly selected groups, to the states and to the voluntary field.

The gravity of the economic, social, and human problems presented by the economic depression of the 1930's brought a large section of the leaders of the United States to the conclusion that the federal government must assume a great measure of responsibility for the welfare of its citizens in that emergency. In the early 1930's, however, this responsibility was believed to be largely a temporary one. As the worst of the depression passed, it became apparent to these leaders and to an

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increasingly larger segment of the general populace that the federal government must continue some direct responsibility on a permanent basis if the national interest was to be fostered and the welfare and health of individuals protected nation-wide. The agencies and programs of the depression years, such as the Federal Emergency Relief Administration, the Civilian Conservation Corps, the Works Projects Administration, the Resettlement Administration, the National Youth Administration, and the Farm Security Administration, were gradually liquidated. New and different programs were established to meet the continuing needs that these emergency programs had met. Some of these programs and functions were placed in existing older departments and others in new agencies. The major new agency was the Social Security Board, established in 1935 to administer the old-age and survivors insurance program, to help the states in caring for the needy aged, dependent children, and the needy blind, and to assist them with the programs of unemployment compensation and job finding. The care of able-bodied needy or unemployed persons was turned back to the states. Children's health and welfare services were expanded under the Children's Bureau. Extensive programs to aid farmers and war veterans were established, by legislation, in the Department of Agriculture and the Veterans' Administration, respectively. An agency was set up to help states with programs of vocational rehabilitation of the handicapped, and various agencies were formed and reformed over a period of years to assist in providing more and better housing, especially for low-income groups.

The legal basis for this new concept of federal responsibility was determined in a decision by the Supreme Court in 1937 to lie in the "general welfare" clause of the United States Constitution. Since that decision, the federal government has played an increasingly important role in the fields of health and welfare.

The majority of these programs are administered by the states with grants-in-aid furnished by the federal government. The role

of the national government, in addition to its fiscal one, has been encouragement in the establishment of new state programs, leadership through promulgation of nationwide standards, both those to implement federal law and those recommended, and provision of technical help by professional staff.

The federal government administers directly the old-age, survivors, and disability insurance program which provides a broad economic base for many other programs, state and voluntary, in the field of welfare. It continues to administer some direct welfare services for certain groups, such as federal employees, Indians, veterans, and members of the armed forces. Social service in the field of international relations has also been given increasing emphasis since World War II.

Trends and Developments 1957-1959

During the first half of this period (including the Congressional session of 1958) some significant and far-reaching legislative changes were made affecting welfare programs. In the latter half of the period (including the Congressional session of 1959), a very few legislative revisions were made. There were no major changes in the scope and character of the federal programs, nor in the administrative structure for carrying these out.

In the 1958 Congressional session substantial gains were made in the programs of old-age, survivors, and disability insurance, public assistance, and maternal and child health and welfare. Major changes included: an increase in monthly benefits payable to retired and disabled workers; an increase in the maximum amount of annual earnings taxable and creditable; an increase in contribution rates for employers and employees; dependent benefits provided for wives, dependent husbands, and children of disability insurance beneficiaries; and other liberalizations in coverage and disability provisions.

The major changes made in the public assistance program were as follows:

1. Federal financial participation in state expenditures for assistance to needy persons who are aged, blind, or disabled and to needy

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dependent children was related in part to the fiscal capacity of each state, determined by the relationship of state per capita income to national per capita income.

2. The limitation on the amount of assistance expenditures to which the federal government will contribute was related to a single average expenditure per recipient that includes both money payments to and medical care payments on behalf of recipients.

3. The public assistance program was extended to Guam, on a basis similar to that in effect for Puerto Rico and the Virgin Islands.

4. The dollar limitation on the total annual federal payment for public assistance to Puerto Rico and the Virgin Islands was increased.

The following changes were made in the maternal and child health and child welfare programs:

1. The amounts authorized for annual appropriation for grants for maternal and child health services, for crippled children's services, and for child welfare services were increased effective for the fiscal year 1958-1959.

2. Grants were made available to Guam, effective July 1, 1959.

3. The previous provisions of the law with respect to the use of federal child welfare funds in predominantly rural areas and areas of special need were removed, thereby extending services under this program to urban children on the same basis as rural children.

4. The formula for allotment of federal child welfare funds was changed to make the formula consistent with changes under item 3.

5. Matching of federal child welfare funds was required, effective for the fiscal year 1959-1960. Matching is on a variable basis in relation to state per capita income.

6. The provisions with respect to the use of federal child welfare funds for the return of runaway children were broadened by raising from 16 to 18 years the age limit for children who may be returned under these provisions and by permitting the use of the funds for maintaining (for not more than 15 days) runaway children pending their return.

7. Reallocation of federal child welfare funds was authorized.

In the 1959 Congressional session, liberal-

izations were made in veterans' pensions and railroad retirement, a health insurance plan for Federal Civil Service employees was enacted, and certain gains were made possible by the new housing act, including mortgage insurance for proprietary nursing homes. Legislation which passed in the Senate but not in the House of Representatives included: an act establishing a youth conservation corps; a food stamp allotment program, discretionary with the Secretary of Agriculture, for distributing surplus commodities to needy persons; and a repatriation bill which gives certain responsibilities for social services to repatriates to the Department of Health, Education, and Welfare. Reported out favorably in both houses but not brought to a vote was a bill for research and demonstration in treating juvenile delinquency. Two much liberalized housing bills were defeated by the sustaining of Presidential vetoes though a third, more moderate one, was passed and signed. Most importantly, hearings were held in the Senate but no action taken on a bill providing hospital benefits for old-age and survivors disability beneficiaries. An appropriation request was turned down by Congress for strengthening civil defense by making grants to states for their operations but funds were appropriated for increasing the staff of federal agencies to which important operations under civil defense have been delegated.

Enacted also in 1958 was legislation providing for the establishment of advisory councils for the Bureau of Public Assistance and the Children's Bureau to re-examine these programs and to advise on the federal role in public assistance, especially in financing. Reports of these committees will be made in 1960. The House Ways and Means Committee established a subcommittee to study the administration of social security on a broad front. Congress also directed that the Bureau of Public Assistance institute a study and make a report to the second session of this Congress in regard to the problems giving rise to the increased number of illegitimate births in general and in particular to its impact on the aid to dependent children pro-

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gram. Public concern over dependency of children because of illegitimacy, and desertion and nonsupport of fathers, assumed nationwide proportions.

Continuing special attention was directed to the needs of certain groups in the population through national and regional organizations and conferences in which federal representatives, including social workers, took leading roles, through federal inter-agency programs and committees, and Congressional hearings. The Federal Council on Aging with wide agency representation shared leadership with other organizations in the nationwide attack on the problems of the aging. Similarly, the Interdepartmental Committee on Children and Youth strengthened the cooperative work of federal agencies dealing with children and young persons. Public attention was increasingly directed toward juvenile delinquency and the problems of the exceptional child.

Extensive planning was done for two nationwide conferences—the White House Conference on Aging, to be held in Washington, D.C., in January 1961, and the White House Conference on Children and Youth, to be held in Washington, D.C., in March-April 1960.

Although the value of research and demonstration projects and of professional training in state and local public assistance administration was recognized by Congress in an enabling act of 1956, this body has subsequently declined to appropriate monies for these operations.

An economic recession during the early part of this period resulted in increased expenditures by the states for general assistance and to a lesser extent for aid to dependent children. These expenditures were substantially reduced in the latter part of this period. Congress considered measures for federal participation in general assistance but did not legislate. For two years the federal government did provide the states, if they so wished, with money to extend the periods of eligibility for unemployment compensation.

There continued from the previous period a recognition of the vital necessity to coordinate the nation's social, medical, rehabil-

itative, vocational, and economic services if further advances were to be made; and a conscious effort to promote cooperation among the various federal agencies and between federal agencies and organizations in the voluntary field. Closely related to rehabilitation was the stress placed on medical care and hospital facilities, particularly for the long-term illnesses, and for mental diseases and mental retardation. Much greater attention was given to possible measures to prevent physical, mental, and social breakdown but no major new programs were begun.

Over all, there was increasing use of social workers to strengthen public programs with broad social welfare goals, particularly in the mental health and medical care fields and in the armed forces.

A declaration by the Commission on Civil Rights established by Congress may have far-reaching consequences on social welfare. This states in part, "if the right to vote is secured, but there is not equal opportunity in education and housing, the value of that right will be discounted by apathy and ignorance. If compulsory discrimination is ended in public education, but children continue to grow up in slums and restricted areas of racial concentration, the conditions for good education and good citizenship will still not obtain. If decent housing is made available to non-whites on equal terms but their education and habits of citizenship are not raised, new neighborhoods will degenerate into slums."

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

This Department is the major instrument of the federal government designed to promote the general welfare of the citizens of the United States in the fields of health, education, social security, rehabilitation, and social welfare, and to make these services more effective through cooperation with other federal, state, and voluntary agencies. The major operating agencies within the Department are the Social Security Administration, the Public Health Service, the Office of Education, the

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Office of Vocational Rehabilitation, and the Food and Drug Administration. The Department operates St. Elizabeth's Hospital and carries out federal responsibilities in relation to three federally aided corporations: Gallaudet College, American Printing House for the Blind, and Howard University. The Department is headed by a Secretary, an Under Secretary, an Assistant Secretary, an Assistant Secretary for Legislation, and a Special Assistant for Health and Medical Affairs. The Assistant Secretary for Program Analysis is responsible for the coordination of all programs and for the operation of the Department's programs in the field of the aging. The Special Assistant for Health and Medical Affairs advises the Secretary with regard to the development of health programs. Certain other staff functions important in the field of welfare are carried on by (a) special staff on aging and (b) the Departmental Coordinator for International Affairs.

Social Security Administration

The Social Security Administration, under the Commissioner of Social Security, is the operating unit of the Department of Health, Education, and Welfare which deals most directly with the field of social welfare. The Administration is composed of four major program bureaus.

Bureau of Old-Age and Survivors Insurance. This Bureau administers, through a central office and 584 field offices, the federal program of contributory insurance under which (a) covered workers, including those in the armed forces, receive monthly benefits upon retirement at age 65, if male, or 62, if female, and disability benefits at age 50, if disabled, (b) "disabled adult children" (over 18 years of age) of deceased or retired workers receive monthly benefits, and (c) surviving dependents of deceased covered workers receive monthly payments or flat amounts.

Thus, substantially all wage earners and self-employed are now included under old-age, survivors, and disability insurance except doctors of medicine, federal employees covered by the Civil Service Retirement Systems,

and employees of state and local governments and nonprofit organizations which have not elected to provide this coverage. *See* Old-Age, Survivors, and Disability Insurance *in* SOCIAL INSURANCE.

Bureau of Public Assistance. This Bureau administers the public assistance provisions of the Social Security Act, under which grants are made to states according to a formula for payment of cash assistance to needy persons 65 years and over; to the needy blind; to children under 18 living in their own homes who are deprived of parental support or care by reason of death, continued absence from the home, or physical or mental incapacity of parents; and to permanently and totally disabled persons over 18 years of age. Grants to states are also made for payments to vendors for medical care rendered recipients and also for the costs of providing other social services through the assistance payments, through the purchase of goods and services from other agencies, and through services provided by the public assistance staff itself.

The public assistance programs are state-initiated and state-administered and reflect state differences in historical background, administrative structure, degree of community concern, and legislative framework and appropriations. The Bureau administers the fiscal provisions of the Act and provides through its regional representatives and central office specialists technical help to the states with their welfare programs. It also gives national leadership in the field of public assistance and public social service. *See* PUBLIC ASSISTANCE.

Children's Bureau. The purpose of this Bureau is to investigate and report on all matters related to child life and to increase opportunity for the full development of all children by promoting their health and social welfare. The Bureau administers programs of grants-in-aid to the states for child welfare services, services to crippled children, and for maternal and child health services. In its current program the Bureau is giving special attention to four groups of children: juvenile delinquents, children of migratory workers, mentally retarded children, and children in

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unprotected adoptions. The Bureau offers technical assistance to state public welfare agencies and communities and cooperates with national, state, and local organizations in planning for the extension of services for children and youth. *See* CHILD WELFARE.

Bureau of Federal Credit Unions. This Bureau charters, supervises, and examines federal credit unions.

The Bureau of Public Assistance and the Children's Bureau are staffed largely by professional social workers. Over the years, staffing in these two Bureaus has been only slightly increased, although the scope of these programs has been greatly expanded. The Bureau of Old-Age and Survivors Insurance has created a Welfare Branch which will deal with social problems in the programs, such as provision of non-benefit services and referral to community agencies; the problems of the aging and of disabled adults and children; and the designation of representative payees for children and incompetent adults.

Public Health Service

The Public Health Service is the principal federal agency in the field of health. It is headed by the Surgeon General and is staffed by a commissioned corps of health officers and by technicians from a great number of fields, including social work. Its three operating arms are the Bureau of Medical Services, the Bureau of State Services, and the National Institutes of Health. The Bureau of Medical Services administers hospital and outpatient care to certain federal beneficiaries, including Indians and natives of Alaska. The Bureau of Medical Services also enforces quarantine regulations. The Bureau of State Services is the operating Bureau for federal-state and interstate health programs, and for international health activities. This Bureau administers grants-in-aid to states, and provides consultation and technical assistance to states and localities. The National Institutes of Health is the research arm of the Public Health Service, primarily concerned with the extension of basic knowledge regarding the health of man. Its program is carried out through a number

of institutes concerned with specific disease processes, including dental research and mental health. It also operates a clinical center, including a hospital devoted to research, especially in the long-term illnesses. It administers grants to individuals and public and private institutions for medical research. It has responsibility for the regulation of biologic products. Funds are also provided to states under a matching formula to build chronic disease hospitals, diagnostic and treatment centers, nursing homes, and rehabilitation facilities for long-term patients. Social workers are employed in the Public Health Service in a number of capacities, particularly in the National Institutes of Health. Their number has greatly increased in recent years. *See* MEDICAL CARE, MENTAL HEALTH AND MENTAL ILLNESS, and PUBLIC HEALTH.

Office of Vocational Rehabilitation

This constituent of the Department of Health, Education, and Welfare administers grants to states for rehabilitation services to civilians who are handicapped because of a disability caused by accident, physical or mental disease, or congenital defect. It assists the states in providing broad vocational rehabilitation services, including physical restoration and vocational training, to prepare for and place civilians in remunerative employment. This office also administers the Randolph-Sheppard Act which authorizes the operation of vending stands in federal and other buildings for the benefit of blind persons, and the business enterprise program for the blind. Currently emphasized are grants to states, medical schools, universities, and research organizations for research and demonstration projects, the creation of community rehabilitation facilities, and the acceleration of services to the severely disabled. Social workers form a small but significant part of the staff of this program. *See* THE PHYSICALLY HANDICAPPED and VOCATIONAL REHABILITATION.

Others

The Office of Education is the central federal agency in the field of education. Its major

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functions are: to collect and disseminate information with respect to education in the states and in other countries; to make studies and provide services of a national character; to provide leadership for educational research; to provide advisory service in the field of education; and to administer grants-in-aid to the states for vocational education, for the construction of school facilities in areas affected by federal activities, and to land-grant colleges. While social workers are employed in many schools in the United States, social work is not a clearly defined part of the program at the federal level except as it is encompassed in the guidance and counseling activities, and programs for exceptional children. However, commitment has been made to add a consultant on school social work to the staff of the office. *See GUIDANCE AND COUNSELING and SCHOOL SOCIAL SERVICES.*

The Food and Drug Administration enforces federal laws protecting the purity, standards, and truthful labeling of essential food and drugs.

Howard University, jointly supported by Congressional appropriations and private funds, is a comprehensive university organization, offering instruction in ten schools and colleges, including a graduate school of social work. While the student body is composed of all races, one of the main purposes of the university is to provide higher educational facilities for Negroes who cannot obtain these in their own states. Howard University also directs the administration of Freedmen's Hospital which is coordinated with its College of Medicine. Social workers are on the staff of this hospital. *St. Elizabeths Hospital* provides treatment for several classes of mentally ill persons considered to be charges of the federal government. Social workers are an important part of the staff. *The American Printing House for the Blind* assists in the education of the blind by distributing Braille books, Talking Books, and other apparatus without cost to public institutions for the education of the blind. *Gallaudet College* is the world's only institution offering higher education for deaf students. The College also provides instruction at the elementary and secondary

levels as part of its teacher-training program.

The following agencies operate programs or engage in certain activities in the field of general social welfare. In some instances social work and social workers have a definite though small place in these programs; in other instances they have none.

DEPARTMENT OF LABOR

The Department of Labor is charged with administering and enforcing statutes designed to promote the welfare of the wage earners, improve their working conditions, and advance their opportunities for profitable employment. The Department's work is directed by the Secretary of Labor, the Under Secretary, and Assistant Secretaries. The major units of the Department which have immediate welfare responsibility are the Bureau of Employment Security, the Wage and Hour and Public Contracts Division, the Bureau of Labor Standards, the Bureau of Veterans' Reemployment Rights, the Women's Bureau, and the office of the President's Committee on Employment of the Physically Handicapped. Other major units have indirect welfare responsibilities, such as the Bureau of Labor Statistics, the Bureau of Apprenticeship, and the Office of International Labor Affairs.

The Bureau of Employment Security administers the unemployment insurance aspects of the Social Security Act and the employment service program authorized by the Wagner-Peyser Act. Both of these programs are state-administered but must meet certain requirements in order to qualify under federal legislation. A number of state-local employment offices have established special units for placement of social workers. *See EMPLOYMENT SERVICES and Unemployment Insurance in SOCIAL INSURANCE.* The Wage and Hour and Public Contracts Division administers the provisions of the Fair Labor Standards Act governing minimum hourly wage rates for employees in interstate commerce and for child labor, and those of the Walsh-Healey Act governing labor conditions in enterprises fulfilling federal contracts.

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The Bureau of Labor Standards is a service agency to state labor departments and officials, and to labor, employer, and civic groups interested in the improvement of working conditions. The Bureau promotes industrial safety and health, develops desirable labor standards in the fields of labor legislation and labor law administration, and provides advisory service. The Women's Bureau concerns itself with many aspects of the welfare of wage-earning women. The President's Committee on Employment of the Physically Handicapped is a voluntary citizens' committee which seeks to create a proper climate in which physically handicapped men and women can seek and find gainful employment suitable to their skills and abilities. The Director of this office in the Labor Department is charged with the responsibility for servicing the committee. The Bureau of Employees' Compensation administers compensation for employees within the federal jurisdiction. The Bureau of Labor Statistics is the government's principal fact-finding agency in the fields of employment and manpower, productivity, housing construction, wages, industrial relations, accidents, price trends and costs, and standards of living.

Social work as such is not a recognized function in the Department of Labor.

DEPARTMENT OF AGRICULTURE

The Department of Agriculture administers a number of programs of a general welfare character serving the rural population. These programs include soil and water conservation, loans to farmers, price supports, market agreements, crop insurance, rural electrification, and technical services rendered to farmers and their wives. The Rural Development Program, participated in by five federal agencies, provides to farm families who produce little for the market, help through off-farm jobs, education, and vocational guidance. Programs administered by the Department having a specific welfare character are: the school lunch program, under which grants are made to states for lunches furnished school children; the school milk program; the surplus com-

modity program, under which agricultural commodities acquired by the federal government under its price support program are made available to public and private welfare agencies and institutions, the research program in home economics, and the cooperative agriculture Extension Service and the 4-H Clubs.

VETERANS ADMINISTRATION

The Veterans Administration, headed by the Administrator of Veteran's Affairs, is one of the most important federal agencies in the field of social welfare. While this agency carries on its activities only for the benefit of veterans and their dependents, the scope of its health and welfare activities is quite broad. It includes, among other things, compensation for service-connected disability or death; pensions for non-service-connected disability or death; education and training; vocational rehabilitation; readjustment allowances for unemployment or self-employment; guaranty of home, farm, and business loans; life insurance; hospitalization, domiciliary care, and outpatient and dental care; special housing for seriously disabled veterans; and burial allowances. This program is carried out through a central office and field institutions, including hospitals, regional offices, and combined facility centers. Its social service functions are centered largely within the Department of Medicine and Surgery, which employs a corps of trained social work personnel. Emphasis is currently placed on chronic illness and on neurological and psychiatric diseases in the veteran population. *See VETERANS' BENEFITS AND SERVICES.*

RAILROAD RETIREMENT BOARD

This agency, headed by a three-man board, administers pensions and retirement and disability annuities to railroad employees; annuities to their aged spouses; annuities or other benefits to their survivors; and a correlated unemployment insurance-employment service system. *See Railroad Retirement System in SOCIAL INSURANCE.*

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HOUSING AND HOME FINANCE AGENCY

This agency consists of five constituent units—the Community Facilities Administration, the Urban Renewal Administration, the Federal Housing Administration, the Public Housing Administration, and the Federal National Mortgage Association. The Community Facilities Administration is responsible, among other things, for loans to educational institutions of higher learning to finance student and faculty housing and other educational facilities; and loans to state and local governments to finance construction of public works. The Urban Renewal Administration is responsible for the program of slum clearance and urban renewal under which advances, loans, and grants are made for projects carried out by localities. The Federal Housing Administration provides for the insurance of mortgages on one- to four-family homes and for property improvement loans. The Public Housing Administration provides federal financial assistance to remedy the unsafe and unsanitary housing conditions and the acute shortage of dwellings for families of low income, through construction loans and annual subsidy assistance to local public housing authorities. The Federal National Mortgage Association supplements private mortgage resources with a second mortgage facility. *See* HOUSING AND PLANNING.

PROGRAMS FOR FEDERAL EMPLOYEES AND WARDS

Department of the Interior—Bureau of Indian Affairs

The principal social work activity of the Department of the Interior is carried out by the Bureau of Indian Affairs which concerns itself directly with the welfare, education, and protection and indirectly with the health of the Indian population living on reservations, and Alaskan natives. Health services are provided through the Public Health Service in the Department of Health, Education, and Welfare. There are about 60 Indian agencies and major field installations.

The main functions of this Bureau are: to act as trustee for Indian land and monies held in trust by the United States and to assist the owners in making the most effective use of their land or other resources; to provide education and welfare aid where these services are not available from other agencies; to work with Indian people in the development of responsibility for the management of their own property and affairs; and to furnish guidance to those who wish to leave the reservation areas. Social workers are employed in appropriate services.

Department of Defense

The several branches of the armed forces have extensive programs which make provision for the welfare, recreation, and health needs of their enlisted and officer personnel, and in some instances, for their dependents. Social workers are employed in a number of capacities, particularly in the field of medicine and psychiatric care.

Civil Service Commission—Retirement Benefits for Federal Employees

This Commission administers the age retirement, disability retirement, health insurance, and life insurance provisions for federal employees and their dependents.

Department of Justice—Bureau of Prisons, and Immigration and Naturalization

The Bureau of Prisons has general supervision of the operation of federal penal institutions, the commitment and management of federal prisoners, and the contracting with local institutions for the confinement and support of prisoners. It operates six penitentiaries, four reformatories, four institutions for juveniles and youths, seven correctional institutions, seven camps, one hospital, and a detention headquarters in New York. Social workers within these institutions are responsible for classification and parole, and social work constitutes the core of the treatment

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program. See CORRECTIONS and JUVENILE DELINQUENCY.

The Immigration and Naturalization service administers the laws relating to the admission, exclusion, and deportation of aliens and the naturalization of aliens. See ALIENS AND FOREIGN BORN.

OFFICE OF CIVIL AND DEFENSE MOBILIZATION

This office is responsible for the development, coordination, and leadership of a national program of civil defense designed to protect life and property in the United States from attack and to provide all types of assistance in case of attack. The health and welfare activities at the federal level are carried out through units of the Department of Health, Education, and Welfare, particularly the Bureau of Public Assistance and the Public Health Service. The program functions through established state and local agencies, including public welfare agencies.

DEPARTMENT OF STATE—INTERNATIONAL PROGRAMS

Social work has a place of growing importance in the international relations of the federal government. Present major social programs, carried on by or through the Department of State, include: technical assistance to foreign countries, administered by the International Cooperation Administration of the State Department; the services provided by the Social Security Administration of the Department of Health, Education, and Welfare for foreign social work students and visitors in the United States; and various programs of a welfare character through the United Nations. Technical assistance is made available in every region of the world upon the request of individual countries. A mission may include many or few types of technical assistance; some include social welfare. The U.S. programs for foreign social work students and visitors are administered cooperatively through the Department of State, International Cooperation Administration, and the Department of Health, Education,

and Welfare through its constituents, particularly the Social Security Administration, where international social welfare activities are centered. The training program may be one of observation and discussion in federal, state, and local public and voluntary agencies or planning for formal training in a university.

The U.S. Government participates in the major international social welfare program administered by the United Nations through advisory services on the United Nations Social Commission and United Nations expert groups and through other activities of the United Nations International Children's Emergency Fund. Among the specialized agencies, the program of the International Labor Organization with its interest in social security and the welfare of workers and their families has found strong support in the United States.

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† For addresses of periodicals listed see Appendix. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

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FINANCING SOCIAL WELFARE SERVICES. Social welfare services in the United States are financed from both public and private funds and through a number of different agencies and channels. Including social insurance, public assistance, and other organized income-maintenance programs and health and medical services, as well as welfare and social services strictly defined, public expenditures for social welfare services in fiscal 1958¹ amounted to about \$28 billion. Private philanthropic expenditures through voluntary health and welfare agencies came to about \$2¼ billion, and expenditures under private employee benefit plans to about \$6 billion. A substantial part of these private expenditures qualified for tax deductions under the individual or corporation income tax

laws, but there are no estimates as to the amount of the total tax subsidy involved.

The relative importance of different methods of financing social welfare services varies greatly among the different types of programs.

Income-Maintenance Programs

During the early years of this country's development and throughout the nineteenth century and even into the early years of the twentieth century, organized support for persons who could not meet their own needs largely took the form of institutional care. Workhouses, almshouses, orphanages, and special institutions for the sick or mentally ill were supported both from public and from private philanthropic funds. Most families, however, were able to take care of their own members. Owners of farms and small businesses had an economic basis of self-support in old age. Mutual aid societies developed early in the cities, often among special craft or nationality groups, but their operations and those of the early private charitable funds and agencies were limited in size and scope.

Industrialization and the development of a money economy, with all the concomitant social changes, introduced a completely new factor. It is now generally recognized that a developed economy needs an institutional mechanism for channeling money income to nonearning groups on a regularized basis. Social insurance began in this country, as in many others, with workmen's compensation legislation—protection against the hazards of the machine. A number of special retirement systems for government employees were also in existence prior to 1930. The depression of the 1930's gave the impetus to the establishment of old-age insurance and unemployment insurance. The national old-age, survivors, and disability insurance program has now developed until it covers about ninety per cent of all workers. At the end of 1958 it was providing a continuing income to three-fifths of all persons aged 65 years and over, with another one-tenth eligible to re-

¹ July 1, 1957—June 30, 1958 inclusive.

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ceive benefits when they or their husbands retired. *See* SOCIAL INSURANCE.

Social insurance in the United States has been financed almost entirely by contributions (earmarked taxes) paid by the insured persons or their employers. The costs of workmen's compensation, and of unemployment insurance in all but two states, are paid entirely by employers. In the other programs, costs are shared by employers and employees and, in the case of old-age, survivors, and disability insurance, by self-employed persons. Special credits for veterans under old-age, survivors, and disability insurance and the railroad retirement systems have been financed from general revenues, and such revenues are drawn on also to pay the employer share of the cost of retirement systems for government employees.

Total expenditures under social insurance and government employee retirement programs were just under \$16 billion in fiscal 1958. (*See* Table I.) Retirement, survivor, and permanent disability programs accounted for two-thirds of the total. Veterans pensions and compensation, paid from general revenues, amounted to \$3 billion.

In fiscal 1958, the aggregate contribution income and aggregate benefit payments under old-age, survivors, and disability insurance,

and under all social insurance programs combined, were in approximate balance. Accumulated reserves for old-age, survivors, and disability insurance amounted to \$24 billion and those in the unemployment trust fund to \$7.5 billion.

Private pension programs were in existence prior to the adoption of the Social Security Act and have grown at a rapid rate in recent years. For most of the persons now receiving private pensions, this income supplements benefits received from old-age, survivors, and disability insurance or another public program. Some private pension systems are financed by joint employer-employee contributions. There are a few union plans financed entirely by the union members. Most frequently the employer pays the entire contribution, which he can charge as a business expense for income tax purposes. Most of the larger pension funds were established or have been brought under collective bargaining agreements. They may be administered by the employer, jointly by the employer and the union, or in a few cases by the union alone. Because they must provide for possible dissolution of the company or of the pension system, private pension plans need to accumulate substantial reserves. In fiscal 1958, private pension plans paid about \$1.2 billion in

TABLE I

EXPENDITURES FOR SOCIAL INSURANCE, VETERANS PENSIONS AND COMPENSATION, AND PRIVATE PENSIONS,
SELECTED FISCAL YEARS 1935-1958

(in millions of dollars)

Program	1934-35	1939-40	1944-45	1949-50	1954-55	1957-58
Social insurance.....	384	1,215	1,364	4,765	9,865	15,975
Retirement programs ¹	210	399	795	1,832	6,376	10,982
Old-age, survivors, and disability insurance...	—	28	267	784	4,436	8,221
Unemployment insurance and temporary disability insurance ²	—	571	171	2,305	2,546	3,846
Workmen's compensa- tion ^{2, 3}	174	245	398	628	943	1,148
Veterans pensions and compensation	390	448	756	2,093	2,712	3,148
Private pensions.....	100	140	220	380	800	1,200

¹ Includes old-age, survivors, and disability insurance, railroad retirement, Civil Service, and other Government employee retirement systems.

² Includes benefits paid by private insurance carriers and self-insurers under State law.

³ Includes hospitalization and medical benefits, amounting to \$370 in 1957-58.

Source: Social Security Administration.

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benefits and had contribution income of close to \$4.6 billion, of which \$3.9 billion was paid by employers. Their reserves aggregated \$37.5 billion.

Since the end of World War II there has also been a very rapid growth—primarily under collective bargaining agreements—of private employee benefit plans providing cash sickness benefits or paid sick leave, life insurance, health insurance, and supplementary unemployment benefits. Workers more frequently participate in the financing of these health and welfare plans. Such plans made cash income-maintenance payments amounting to about \$1.5 billion in fiscal 1957. Cash sickness benefits (amounting to \$178 million) paid by private insurance carriers in accordance with statutory requirements in three states are omitted from this figure, and the corresponding amounts included as social insurance payments in Table I.

There has never been a time in the history of this country when government has not recognized a residual responsibility to provide maintenance for individuals who lacked all other means of support. Until the middle of the nineteenth century this responsibility fell almost entirely on local governments. It was carried out through the local poor relief systems, the provision of almshouses or workhouses, or the indenture of orphaned or deserted children or adult vagrants to "worthy" families. State governments began to take some responsibility for institutional care in the second half of the century, and at the close of the century to provide for needy persons outside of institutions. The first state law authorizing pensions for the blind was adopted in 1898, the first statewide mothers' pension law in 1911, the first state old age assistance law in 1923. By 1934 there were mothers' aid laws in 46 states, the District of Columbia, Alaska, and Hawaii, and old age assistance laws in 28 states, Alaska, and Hawaii. Many of these laws, however, were permissive rather than mandatory on the local units and in many states the costs were borne entirely by the counties or towns.

When the depression of the 1930's began, the country had a system of relief that was

almost entirely locally administered and financed, except for the special categories of the aged, the blind, and orphaned children in some states. The rapid increase in relief loads in 1930 and 1931 placed an almost impossible burden on local—and particularly municipal—finances. The first shift in responsibility was to the states, but state funds also were limited; and in 1933 the federal government assumed responsibility for a series of emergency relief programs. In fiscal 1935, emergency aid, primarily from federal funds, amounted to 4.4 per cent of the gross national product. As late as 1940, emergency relief expenditures were still about twice as large as payments under the public assistance programs established by the Social Security Act and general assistance provided from state and local funds. (*See Table II.*) Since that time, public assistance expenditures have increased in dollar amounts, but have remained at about 0.8 per cent (during the war years as low as 0.5 per cent) of the total national output.

The federal government now shares in the cost of four assistance programs—old age assistance, aid to dependent children, aid to the blind, and aid to the permanently and totally disabled. The states must also provide some funds for these programs in order to be eligible for the federal grants-in-aid. General assistance is financed entirely from state and local funds. In 1958 there were 20 states in which 90 per cent or more of general assistance expenditures came from local revenues. In recent years, about half of the total expenditures for assistance payments have come from federal grants-in-aid, about 38 per cent from state funds, and about 12 per cent from local revenues. *See PUBLIC ASSISTANCE.*

Public expenditures for institutional care, other than care in hospitals and other medical institutions, amounted to about \$377 million in fiscal 1958. This included \$50 million for veterans domiciliary care. The costs of institutional care were in many cases defrayed in part by fees paid by the individuals or their families, but there are no estimates as to the total amount of such fee payments. About \$125 million of public funds were used to

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TABLE II

EXPENDITURES FOR PUBLIC AID, FROM FEDERAL AND FROM STATE AND LOCAL FUNDS, SELECTED FISCAL YEARS, 1935-1958

(in millions of dollars)

Program	1934-35	1939-40	1944-45	1949-50	1954-55	1957-58
Total expenditures						
Public aid—total.....	\$2,998	\$3,598	\$1,030	\$2,495	\$3,002	\$3,613
Public assistance ¹	624	1,124	1,028	2,489	2,940	3,538
Other ²	2,374	2,474	2	6	62	76
From Federal funds						
Public aid—total.....	2,374	2,244	419	1,102	1,503	1,833
Public assistance ¹	—	279	418	1,096	1,441	1,757
Other ²	2,374	1,965	2	6	62	76
From State and local funds						
Public aid—total.....	624	1,353	610	1,393	1,499	1,781
Public assistance ¹	624	843	610	1,393	1,499	1,781
Other ²	—	510	—	—	—	—

¹ Old-age assistance, aid to dependent children, aid to the blind, aid to the permanently and totally disabled (beginning 1950-51), and from State and local funds, general assistance.

² Work program earnings, other emergency aid programs and value of surplus food distributed to needy persons.

Source: Social Security Administration.

pay for foster-family care, primarily for children. Many of these payments were made to private agencies (see below).

Private welfare and philanthropic agencies, it is estimated, spent about \$225 million in fiscal 1958 for institutional care and cash relief payments, with the great bulk of the money going for institutional care. Few voluntary social agencies now give cash assistance and then only in unusual circumstances.

Social Services

The relative importance of public and private sources of financing is quite different in the welfare service or social service programs than in the income-maintenance field.

Public expenditures for child welfare services (including the amounts spent for foster-family care), for vocational rehabilitation, and for veterans welfare services amounted to \$394 million in fiscal 1958. (See Table III.)

TABLE III

PUBLIC EXPENDITURES FOR CHILD WELFARE, SCHOOL LUNCH PROGRAMS, VOCATIONAL REHABILITATION, AND VETERANS WELFARE SERVICES, SELECTED FISCAL YEARS 1935-1958

(in millions)

Program	1934-35	1939-40	1944-45	1949-50	1954-55	1957-58
Total	\$3	\$46	\$135	\$666	\$520	\$719
Child welfare services ¹	—	41	72	105	135	177
School lunch program ²	—	—	47	159	238	325
Vocational rehabilitation, total	2	4	10	30	41	80
Medical rehabilitation.....	(³)	(³)	1	7	9	15
Veterans welfare services ⁴ ...	1	1	6	372	106	137

¹ Including payments for foster family care.

² Including value of surplus foods.

³ Less than \$0.5 million.

⁴ Vocational rehabilitation, specially adapted homes and automobiles for disabled veterans, counseling, beneficiaries travel, and loan guarantees under Veterans Administration.

Source: Social Security Administration.

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Excluding the veterans program expenditures, about one-fourth of these costs were borne by federal and three-fourths by state and local revenues. Another \$325 million was spent for the school lunch program—including the value of surplus foods used for this purpose as well as cash expenditures—with about 80 per cent coming from federal funds.

An adequate accounting of the social services supported by public funds should include the casework and family services provided through the public assistance program. It is difficult to separate the cost of services as such from the cost of determining need and eligibility for assistance. The processes are often inextricably intertwined. A rough estimate

can be made of the amount spent for salaries of staff dealing directly with assistance recipients. In fiscal 1958, the figure was almost \$200 million. (These and other costs of administration are included in the figures shown in Table II.)

Voluntary welfare agencies spent about \$1,150 million from philanthropic contributions in 1955, the latest year for which detailed estimates are available. (See Table IV.) About \$80 million of this total was used for fund-raising and central administrative costs, and perhaps \$180 million for institutional care. The remaining \$890 million was used primarily for individual, family, and group work services. Assuming a continuation of

TABLE IV
ESTIMATED EXPENDITURES FOR HEALTH AND WELFARE PURPOSES FROM PHILANTHROPIC CONTRIBUTIONS, BY PURPOSE, SELECTED YEARS 1930-55

	(in millions)					
Purpose	1930	1935	1940	1945	1950	1955
Total	\$369	\$216	\$271	\$1,155	\$1,440	\$1,925
Health	122	51	71	365	590	775
Church health services and care	25	15	15	35	60	90
Secular health services and care	26	26	38	280	335	465
Laboratory, immunization, research, health information, and other health services	(1)	(1)	(1)	115	140	230
Hospital in-patient care, clinics, and out-patient care	(1)	(1)	(1)	145	165	200
Nursing services	(1)	(1)	(1)	15	25	35
Hospital construction	71	10	18	30	170	175
Fund-raising and central administrative costs	(1)	(1)	(1)	25	30	45
Welfare	247	165	200	790	850	1,150
Church welfare	80	45	50	115	200	290
Secular welfare services and care	167	120	150	625	600	780
Recreation, informal education, and group work	(1)	(1)	(1)	165	165	300
Family services and specialized care and services for children	—	—	—	320	275	275
Institutional care of adults	(1)	(1)	(1)	65	75	85
Services for handicapped, sheltered workshops, maternity home care, and other welfare services	(1)	(1)	(1)	75	85	120
Fund-raising and central administrative costs	(1)	(1)	(1)	50	50	80

¹ Not available.

Source: *Social Security Bulletin*, February 1958.

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past growth trends, these latter social service expenditures may have amounted to \$1 billion in fiscal 1957.

Health Services

Consumer expenditures, either in the form of direct payments to doctors, hospitals, and other providers of service or through private insurance, now account for about 70 per cent of the amounts spent for health and medical services in this country. Insurance benefits and the expenses for such prepayment repre-

in recent years has come from public funds.

Philanthropic contributions provide about half the private monies going into medical facilities construction, but a very small fraction of the total private expenditures for health services. (See Table V.)

Philanthropic Contributions as a Source of Welfare Spending

The major though not the only source of income for voluntary health and welfare agencies is the philanthropic contributions of

TABLE V

ESTIMATED EXPENDITURES FOR HEALTH AND MEDICAL SERVICES AND MEDICAL FACILITIES CONSTRUCTION, BY SOURCE OF FUNDS, SELECTED FISCAL YEARS 1929-1957

(in millions)

Type of Expenditure	1928-29	1939-40	1944-45	1949-50	1954-55	1957-58
Total	\$3,625	\$3,915	\$7,533	\$12,407	\$17,764	\$22,738
Health and medical services..	3,424	3,829	7,435	11,607	17,053	21,704
Public expenditures ¹	414	837	2,130	2,780	3,923	4,919
Philanthropic expenditures..	80	52	340	400	580	665
Industrial in-plant services..	30	40	90	150	210	245
Consumer expenditures....	2,900	2,900	4,875	8,277	12,340	15,875
Direct payments	2,900 ²	2,900 ²	4,875 ²	7,125	9,388	11,555
Insurance benefits and expenses for prepayment..	—	—	—	1,152	2,952	4,320
Medical facilities construction.	201	86	98	800	711	1,034
Public expenditures	99	55	68	585	386	525
Private expenditures	102	31	30	215	325	509

¹ Includes amounts spent for medical care under workmen's compensation and temporary disability insurance (included in figures in table 1), public assistance vendor payments (included in figures in table 2), and medical rehabilitation (table 3) as well as general medical and hospital care, veterans and Defense Department medical care, public health activities and medical research.

² Includes any insurance benefits and expenses for prepayment.

Source: Social Security Administration.

sented 27 per cent of consumer expenditures and 20 per cent of all expenditures for health and medical services in 1957-1958 as compared with 15 per cent and 10 per cent respectively in 1949-1950. (See Table V.) About three-fourths of the health insurance written in 1957-1958 was under employee benefit plans. See MEDICAL CARE.

Public funds paid for 23 per cent of all health and medical services in 1956-1957, as compared with 12 per cent in 1928-1929. Largely as a result of the federal funds made available under the Hospital Survey and Construction Act, around 55 per cent of the money spent for the construction of medical facilities

individuals and corporations. Reference has been made above to the estimated amount of philanthropic funds used for health and welfare services. It may be worth while to indicate the relation of these amounts to the total of all philanthropic contributions.

Contributions by individuals for all religious and philanthropic purposes are estimated at \$5.1 billion for 1955, the latest year for which detailed data are available. Corporations contributed \$400 million and bequests added another \$400 million, bringing total philanthropic contributions in that year to \$5.9 billion. Of this total, however, more than half—\$3.1 billion—went to religious agencies

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and was used primarily for current operating expenditures. About 12 per cent of the money contributed to religious agencies was used for health and welfare activities, it is estimated. (See Table IV.)

From 1930 to 1955, total philanthropic contributions increased from \$1.2 to \$5.9 billion. Individual contributions represented about 1.2 per cent of total personal income in 1930 and 1.7 per cent in 1955. The proportion of total contributions going to religious agencies decreased from 74 per cent in 1930 to 53 per cent in 1955. In both years, about 12 per cent of the funds going to religious agencies were used for health and welfare services in this country. It is not possible to separate the amounts used for welfare purposes in foreign countries from the amounts spent for the upkeep of foreign missions. Total expenditures by religious agencies for foreign missions and foreign relief are estimated to have amounted to \$45 million in 1930 and \$150 million in 1955 or, in each year, about five per cent of the aggregate expenditures of religious organizations from philanthropic contributions.

About one-fifth of the philanthropic dollar went to welfare services, including church-supported services, in both 1930 and 1955. The share going to health increased from 6 to 13 per cent over the period. This increase resulted in part from the growth in private hospital construction and even more from the increase in the number and size of national health agencies.

National health agencies and the American Red Cross together received an estimated \$290 million in philanthropic contributions in 1955, with 77 per cent of this amount (\$222 million) going to the six largest agencies: the American Red Cross, National Foundation for Infantile Paralysis, American Cancer Society, National Tuberculosis Association, American Heart Association, and the National Society for Crippled Children and Adults. In 1957 these same six agencies received contributions totaling \$230 million.

A word of caution is necessary regarding the estimates in Table IV. There are no reported data on total health and welfare expen-

ditures from philanthropic contributions. The estimates in Table IV are based on ratios derived from several different sources and applied to the estimated total of philanthropic contributions or segments of this total. The methodology is described in the article from which the figures were taken. The estimates were reviewed by experts in the field and are probably as good as any figures that can now be developed. Nevertheless, they are approximations, particularly the estimates for the separate health and welfare categories, which should be used essentially as indications of trends in major fields of activity of voluntary agencies. It might also be pointed out that, conceptually, the amounts shown in Table IV as church expenditures represent amounts channeled through religious bodies. Any funds going to church-affiliated health and welfare agencies from community chests or united funds would be included with secular health and welfare services.

The Internal Revenue Service estimates that there are about 38,000 national and local organizations in the United States, contributions to which would be considered tax-deductible. The Service also estimates that there may be an additional 70,000 organizations that have never applied for tax exempt status and that are engaged in soliciting contributions.

The proliferation of fund-raising agencies and the developing public resistance to competing drives was one of the factors behind the movement for community chests and federated fund-raising which became of some importance in the 1920's. See UNITED FUNDS AND COMMUNITY CHESTS. Community chests also seemed to offer a method of apportioning philanthropic contributions among the many competing agencies in a community that would be more equitable and more in line with professionally recognized needs and standards than would result from a series of independent campaigns. The failure of community chests or the newer united funds to collect adequate amounts and the refusal of some agencies to participate have threatened this goal.

In 1958, United Community Funds and

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Councils of America reported that 2,100 federated campaigns in the United States raised \$427 million. In 1940, 561 million federated campaigns raised \$86 million. The amounts collected through federated campaigns represented about one-third of the total philanthropic contributions to secular health and welfare agencies in 1940; by 1955 the proportion had declined to one-fifth. The large national health agencies have largely remained outside the federated fund-raising drives. In 1955 only about 17 per cent of the total funds received by the six major health agencies were channeled through united funds or community chests.

Foundations. There are about 10,000 foundations in the United States; their total assets were about \$10 billion in 1959. Current contributions to foundations are included in the figures for philanthropic giving. Some of the amounts given to foundations in any year are added to capital accounts; some are spent currently, along with other foundation income. There are no over-all estimates as to the amount spent by all foundations for specified purposes. In general, foundations have tended to concentrate their interest on research and prevention rather than on the support of health or welfare services. The smaller, local foundations, however, are frequently concerned with local welfare needs. *See FOUNDATIONS AND SOCIAL WELFARE.*

Source of Funds Spent by Private Nonprofit Health and Welfare Agencies

As was indicated earlier, public funds may be used to purchase services from or for grants to private agencies, as well as for the operation of public programs. Conversely, public agencies—primarily public hospitals and other institutions—may cover part of their costs by fee payments from persons adjudged able to pay or from other sources.

There are no national estimates of the volume of such cross-flows of funds. Estimates can be made of the sources of funds used to support private hospitals and health and welfare agencies in selected urban areas. Data are available for 1938 for 29 urban areas with

11 per cent of the total United States civilian population; for 1948 for 29 urban areas, 17 of which had been in the 1938 study; and for 1955 for 23 areas, 16 of which had been in one or both of the prior studies. The 1955 study covered 12 per cent of the total civilian population. Neither the largest urban centers (e.g., New York, Chicago, Philadelphia, Boston) nor smaller urban areas are included in these surveys.

In spite of the limited coverage, the findings of these studies are of considerable interest. The total expenditures of the agencies involved were \$107 million or \$7.40 per capita in 1938 and \$703 million or \$34.75 per capita in 1955. The largest increase was in expenditures for hospital care. (*See Table VI.*)

Public funds provided 8 per cent of the total expenditures for hospital care in private nonprofit hospitals in these urban areas in 1938 and 4.4 per cent in 1955. Philanthropic contributions dropped even more sharply as a percentage of total hospital care costs, from 14 to 4 per cent. Payments for service increased from 77 to 87 per cent of the total, reflecting the substantial growth in hospitalization insurance during the period. For other health services, however, direct payments for service declined significantly in importance, while philanthropic contributions provided a larger portion of total expenditures in 1955 than in 1930.

Direct fee payments for service have apparently become a more important source of financing for social adjustment services in recent years. Fees accounted for 18 per cent of all private agency expenditures for family services, care of children, and so forth in the cities above referred to in 1955, as compared with 8 per cent in 1930. They provided a third of the funds used for recreation, informal education, and group work services in each of the years.

Whether fee payments are likely to become a more important source of financing welfare services in the future is a debatable question. The increasing use of social services by middle-income families, as well as the rising level of family incomes, may make possible a more substantial reliance on fees. On the other

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hand, the families most in need of many types of service are those who can least afford to pay all or even a major share of the cost. It is probable, therefore, that philanthropic or public funds will continue to supply a major share of the financing for most social service programs.

In all three years for which the figures are available, public funds were a more important

resource for agencies offering social adjustment services than for any other type of agency, and particularly for agencies serving children. Private agencies serving children in these urban areas received nearly one-fifth of their income from public funds in both 1938 and 1955.

Private homes for aged persons in these cities received 4 per cent of their total income

TABLE VI

PRIVATE NONPROFIT HOSPITALS AND HEALTH AND WELFARE AGENCIES: TOTAL EXPENDITURES, BY SOURCE OF FUNDS AND FIELD OF SERVICE, IN SELECTED URBAN AREAS, 1938, 1948 AND 1955

			Percentage Distribution by Source of Funds			
			From Private Sources			
Year and Field of Service	Total Expendi- tures (ooo)	From Public Funds	Total	Philan- thropic Contri- butions	Payments for Service	Other ¹
1938						
Total	\$107,299	7.3	92.7	39.6	48.5	4.6
Total excluding hospital care.....	50,796	6.5	93.5	68.3	16.4	8.8
Hospital care	56,503	8.0	91.9	13.8	77.3	.8
Other health services.....	6,867	6.1	93.9	63.7	25.6	4.6
Social adjustment services.....	27,460	9.8	90.2	58.9	8.0	23.3
Recreation, informal education and group work services.....	13,607	.7	99.2	58.3	32.7	8.2
Central planning, financing, and community services	2,862	1.7	98.3	97.7	.2	.4
1948						
Total	\$325,387	3.6	96.4	23.3	63.5	9.5
Total excluding hospital care.....	122,607	4.8	95.2	55.1	21.4	18.8
Hospital care	202,780	2.9	97.1	4.1	89.1	3.9
Other health services.....	18,761	4.3	95.7	51.9	29.6	14.2
Social adjustment services.....	64,255	6.8	93.2	52.9	14.6	25.6
Recreation, informal education and group work services.....	31,700	1.5	98.5	52.0	34.6	11.8
Central planning, financing, and community services	7,891	1.9	98.1	95.2	.5	2.4
1955						
Total	\$702,660	4.5	95.5	17.5	69.0	9.1
Total excluding hospital care.....	185,054	4.8	95.2	55.3	19.1	20.8
Hospital care	517,606	4.4	95.6	4.0	86.7	4.9
Other health services.....	22,314	4.4	95.6	80.2	8.5	6.9
Social adjustment services.....	96,629	7.6	92.4	44.7	17.6	30.1
Recreation, informal education and group work services.....	54,101	.3	99.7	52.0	33.7	14.0
Central planning, financing, and community services	12,012	4.3	95.7	90.4	1.1	4.2

¹ Income from investments and net proceeds from other activities, such as the sale of products by sheltered workshops.

Sources: "The Community Welfare Picture in 29 Urban Areas, 1938," the Children's Bureau, 1939; "Expenditures for Community Health and Welfare, 31 Urban Areas, 1948," United Community Funds and Councils, Inc., New York, New York; the 1955 estimates were prepared by the Division of Program Research, Social Security Administration, from data furnished by United Community Funds and Councils of America.

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from public funds in 1955. Fees paid to such institutions individually by public assistance recipients or old-age, survivors, and disability insurance beneficiaries are counted as private payments for service, not as payments from public funds. Payments by public assistance agencies to vendors of medical care including nursing homes would, however, be treated as payments from public funds for medical care.

One can also reverse the picture and look at the proportion of all public expenditures for health and welfare service in these cities that took the form of payments to private agencies. In 1955, 4 per cent of such public expenditures, and 8 per cent if public assistance is excluded, went to private agencies. Payments to private agencies represented 38 per cent of all public expenditures for institutional care of dependent children, 16 per cent of all public expenditures for family services and foster-home care, 12 per cent in the case of institutional care for aged persons, and 100 per cent of the maternity home care provided from public funds.

One can only speculate as to whether these relationships are about the same as would be found for the nation as a whole if similar information were available for the largest cities and for small towns and rural areas. A study of social welfare expenditures in New York City in 1953 and 1954 showed a considerably higher proportion of the total income of voluntary social agencies (whether hospitals are included or excluded) coming from public funds, a somewhat higher proportion from philanthropic contributions, and a smaller proportion from payments by clients than was the case in the medium-sized urban areas surveyed.¹

Summary

The past quarter-century has seen a major acceptance of public responsibility, and a consequent growth in public expenditures, for certain areas of social welfare.

It is now generally recognized that only the government can organize the kind of basic

social insurance program that is needed in an industrial economy to assure a continuing flow of income to retired persons, to the disabled and unemployed and their families, and to survivor families. Social insurance payments have increased dramatically since 1935 in absolute amounts and as a percentage both of the total national output and of total social welfare expenditures.

We have recognized a public responsibility, also, to provide at least a minimum income to persons who are in need for whatever reason. In the needs programs, administrative responsibility and decisions as to definitions of need and standards of assistance have been left to the states or—for general assistance—the localities. Through use of the grants-in-aid device, however, the superior fiscal resources of the federal government have been drawn upon to help finance public assistance for needy aged persons, the blind, and the permanently disabled and for defined categories of dependent children.

Organized use of private funds to supplement social insurance benefits with additional cash income for retired, disabled, or other non-earnings groups occurs primarily through employee benefit and pension plans, which have grown rapidly in recent years.

Where services are concerned, both health services and social services, the pattern of administrative organization and of financing is much more complex. Public funds are increasingly being used to support public programs providing both types of service. A substantial volume of public funds is used also to purchase services from private agencies or to support private research or the construction of private hospitals and other medical facilities.

In spite of the growth of public programs, total philanthropic contributions, and the part of such contributions used for health and welfare purposes, have increased not only in absolute amounts but as a percentage of total personal income. Except in relation to medical care, direct fee payments are a relatively minor source of funds for welfare services, but one that may be growing somewhat in importance.

¹ See Community Council of Greater New York, *infra*.

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Those who are directly concerned with any of our social welfare programs are aware of more needs than can be met from existing sources of funds, public and private. Whatever changes may occur in the next quarter-century in the organization of our welfare services, it can be assumed that we shall continue to draw on a combination of private and public sources of funds to finance them.

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IDA C. MERRIAM

FOSTER CARE FOR CHILDREN. In those cultures in which the primary family group is vested with a high degree of responsibility for child rearing, it is necessary for the community to provide foster care services for those children who for one reason or another cannot be cared for by their own parents. Such services are less likely to be needed, or to be culturally approved, in societies in which child-rearing responsibilities are shared by the extended kinship group. Under these circumstances the child has a wider range of adults who may be depended upon to take over parental responsibilities should he lose one or both parents by death,

or should his parents be unable to care for him for other reasons.

In the course of our own country's history a wide variety of provisions have been made for children needing care away from their own families. These forms of care did not succeed one another in any specific order. Many were, and continue to be, used concurrently. Furthermore, those types which fell into disuse were relinquished at different times in different localities.

The roots of current practices in foster care for children are to be found in historical precedents of these varieties of foster care: indenture, almshouse care, public and private children's institutions, free homes, and boarding home placements. Some of these forms of care remain in use.

Reasons for the Provision of Foster Care

In the past, economic difficulties of parents or the death of one or both parents were the most important reasons for children needing foster care. It was usually anticipated that a foster child would continue in care until he reached adulthood.

The decrease in the number of industrial accidents, and improvements in health conditions and in medical care, have dramatically reduced the number of orphans in this country. Whereas in 1920 two children in every hundred had lost both parents by death before they reached the age of 18 years, in 1954 this loss was sustained by only one child in every thousand. Similarly, in 1920 about 6.4 million children, or one in every six of all children under 18, had lost one or both parents by death, but by mid-1954 this had happened to only one child in twenty. Orphans numbered only 2.7 million among a child population 37 per cent larger than at the earlier date.

The recommendation expressed by the first White House Conference on Children in 1909, "children should not be taken away from their homes by reasons of poverty alone," has by this time, a half-century later, come close to realization. Currently, old-age and survivors insurance benefits are received

† For address of periodicals listed see Appendix.

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by about half of the paternal orphans in this country. The aid to dependent children program extends financial assistance in behalf of children who have sustained the loss of the breadwinner of the family by reasons of death, absence, or incapacitation. These two programs undoubtedly make it possible for large numbers of children who might otherwise require placement to remain in their own homes.

There are no national figures as to the number of children who are in foster care primarily because of the death of one or both parents, but it is generally known that such children constitute a very small fraction of the total number. The more frequent causes which bring children into placement today are marital discord, separation or divorce of parents, illegitimacy, the physical or mental illness or emotional instability of parents, neglect or abuse of the child or cruelty to him, some temporary emergency within the family, a problem within the child's own adjustment, or some special need of the child which cannot be met within his own home.

Increasingly, foster care is seen as a temporary arrangement for children until such a time as the parents can resume care or until the child can be placed in an adoptive home. This trend is based on the recognition that a child's opportunities for becoming a productive adult capable of having satisfying relationships are best insured by love and care from parents to whom he can respond with assurance that they are permanently his, and by continuity of experience with these parents. There is growing awareness that adoption is a feasible plan to be considered for any child for whom return to his own parents cannot be anticipated, who is legally free for adoption, and who is capable of forming a relationship with adoptive parents.

Data on a country-wide basis as to the length of time children remain in foster care are not available. Studies within certain localities, however, suggest that the objective of shortening the period of foster care either by returning children to their own homes or by placing them in adoption is as yet a goal

rather than a reality. In New York City on August 31, 1956, of the children in foster care at public charge, 9.4 per cent had been in care less than a year, 30.8 per cent had been in care from one to three years, 20.8 per cent had been in care from three to five years, 26.0 per cent had been in care from five to ten years, 10.2 per cent from ten to fifteen years, and 2.8 per cent fifteen years or more. (Practically all of these children, although cared for at public expense, are under the direct care of voluntary agencies. The figures include all forms of shelter care, which probably influences the data in the direction of suggesting shorter rather than longer periods of care.)

A study of children under state guardianship in Wisconsin who were under ten years of age and not placed for adoption also brings out the fact that even though it is important for agencies to exert strenuous efforts toward re-uniting children with their own families or placing them in adoption, there will continue to be a considerable number of children for whom neither of these plans is feasible. It is equally essential that agencies help these children become integrated into foster family homes on a permanent boarding basis, avoiding in so far as possible the damaging effects of re-placements.

Extent and Auspices of Foster Care

Some children come into foster care at the request of parents. Others are placed in the care of agencies, public or private, through the actions of courts in proceedings which remove children from the custody of parents on the basis of dependency or neglect. The Children's Bureau estimated that on March 31, 1958, there were 271,000 children in foster care in the continental United States and its territories. Slightly more than half of these children, 52 per cent, were in foster care provided under public auspices. Only 7 per cent of the 140,000 children in foster care under public agencies were in institutions, with 93 per cent being in foster family care; while of the 131,000 children who were in foster care provided under voluntary auspices, 57 per cent were in institutions. Some of the

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children who are receiving care in auspices provided by voluntary agencies are supported by public funds.

Public child welfare expenditures in the United States for the year 1955-1956 (aside from aid to dependent children payments) amounted to \$145,000,000 with the bulk of this, 71.7 per cent, being used for foster care payments, and the balance expended for personnel (23.9 per cent), educational leave (0.4 per cent), and other purposes (4.0 per cent). Except for 4.8 per cent from federal funds, all of these monies came from local and state funds. Amounts of tax monies spent for child welfare varied widely among the states, ranging from Idaho's \$39,000 to New York's \$35,934,498. In terms of per capita expenditures for population under age 21, the range was from Idaho's \$.15, through the national average of \$.231, to New York's \$.800.

In addition to serving children directly, the states also provide protection through their powers to license child-caring agencies and institutions and "independent" boarding homes in which parents place children directly without using the services of a child-placing agency. Since exemptions from the licensing requirement exist for some agencies and institutions as well as for some boarding homes, and since standards for licensing vary, the degree of protection afforded children through the licensing power is variable.

Preventing the Need for Placement

Children need families of their own. The child's best chance of having a family of which he feels himself to be an integral part lies within the home of his own biological parents. Therefore, emphasis is being placed upon providing parents with those kinds of services which might make placement unnecessary. Casework services to parents who are having difficulty in providing adequate care for their children frequently make it possible for them to acquire greater capacity to discharge their parental responsibilities. A homemaker placed in the home during illness or temporary incapacity of the mother, or for

the purpose of helping her learn to improve her homemaking abilities, or in case of the death of the mother sometimes makes it possible for children to remain in their own homes who might otherwise need placement. *See* **HOMEMAKER SERVICE**. When parents seek placement because of their child's disturbing behavior, casework and psychiatric clinic services may effect a better parent-child relationship. *See* **SOCIAL CASEWORK and PSYCHIATRIC SOCIAL WORK**. Day care facilities, either foster family day care or group day care, available to employed mothers or to mothers where physical or emotional conditions make it advisable for them to be relieved of the care of the children for a portion of the time, may obviate the necessity of full-time placement.

Unfortunately, in many communities there are insufficient amounts of these kinds of services and consequently some children are placed who might otherwise remain with their own families. *See* **CHILD WELFARE**.

Types of Foster Care

The specific nature of a child's family situation and of his own personality and needs makes one form of foster care or another preferable for him. Consequently, if the needs of foster children are to be met adequately it is necessary for communities to provide a variety of foster care facilities. Family care and institutional care can be clearly discerned as types of care for children, but in addition certain kinds of facilities developed recently stand at intermediate points between these.

There is great discrepancy as to the proportions of children in these various forms of care in different localities. In the United States as a whole, among children receiving casework services from public or voluntary casework agencies, there are slightly more than three children in foster home care for every one in institutional care. However, the proportion of foster home care is much higher in many states, rising in one state to a proportion of twelve to one. Conversely, in some states there are more children in

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institutional care than in foster home care. While children in different communities may present slightly varying problems and needs and although various cultural and ethnic groups may place different values on different forms of foster care, these enormous differences suggest clearly that children are still being given the type of foster care which happens to be available locally, rather than that communities are providing care in the proportions needed. The figures referred to above exclude institutions in which casework service is not provided. Were children in these settings included, the proportion of children designated as being in institutional care would be higher.

1. *Boarding Home Care.* Of the varieties of foster home care, this is the form most frequently provided. It is preferable to institutional care for those children who are able to benefit from an individualized relationship with foster parents and who are able to respond to such a relationship. The child living in a foster home has the opportunity to take part in the ongoing community activities in school, church, neighborhood, and recreational groups. This implies that if foster home care is to be the treatment of choice, the child's behavior must be within a range tolerated by the community and that his problems are not manifested in activities which are dangerous to himself or others. Furthermore, adjustment to a foster home is facilitated if the parents are able to accept the plan. Otherwise their feelings and behavior may create severe conflict for the child, who is torn between loyalty to his own parents and attachment to foster parents.

For babies and young children, family care is always to be preferred to institutional care unless there is some extraordinary physical or medical problem requiring attention and expert care which a family home could not supply.

Throughout placement, the agency has a continuing responsibility to provide casework service to parents, child, and foster parents. With parents the aim is to help them develop their capacity for parenthood to the fullest possible extent. This sometimes includes as-

sistance with problems of personal adjustment not immediately and directly related to their care of or relationship to the child. Casework treatment may lead to the parents' resumption of care of the child, or to their relinquishment of the child for adoption upon recognition of their own inability to provide adequately for him. The casework service may be primarily concerned with the parents' relationship to their child while in foster care and their sharing of responsibility with the agency.

The need for direct casework treatment of children in foster care is probably greater today than formerly. Many such children have suffered severe emotional deprivation, or have been exposed to experiences within their own families which have resulted in distorted concepts of themselves or of the people around them. Although in foster home care the child's experience with foster parents and his other daily life experiences are the primary means for bringing about change, often he is unable to respond positively to these influences unless he has casework help in dealing with the variable reactions evoked by separation, in integrating past and present, in clarifying his confused feelings about his own family and past experiences, and in encouraging him in his own aims and ambitions.

A fundamental casework task is that of understanding the child's needs, capacities, and problems so that an appropriate choice of foster home may be made, placing him with foster parents able to foster his development. At the same time, if the hazards of re-placement are to be avoided, his qualities and ways of responding must be assessed so that he may be placed with those foster parents who are able to derive satisfaction from these particular qualities. Their satisfaction in his potentials and in his growth will enable them to continue caring for him during difficult periods. The nature of the difficulties presented by some of the children in foster care is such that a growing number of placement agencies use psychiatric consultation services. For some children, psychi-

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atric treatment concurrent with foster care is required.

Foster parents are selected for their ability to provide physical care, training, and affection, and because they have been able to deal satisfactorily with their own life experiences. Hence, casework service to foster parents is not directed to their personal problems but rather toward helping them understand the child's specific needs and assisting them to find ways to meet these needs. Increasingly agencies are supplementing this individualized approach with group methods, arranging for lecture series and discussion groups to further foster parents' understanding of the problems of placed children.

A survey of board rates undertaken by the Child Welfare League of America¹ in December 1954, with findings based on replies from 177 agencies caring for 40,190 children, indicated that among these agencies 68.9 per cent were paying base rates between \$35 and \$55 per month, with the \$40-\$45 range comprising more agencies, 21 per cent, than any other. Many agencies, however, pay supplementary rates for different types of children, notably for infants, adolescents, or children with particular handicaps—physical, mental, or emotional—which require more than ordinary care from foster parents.

It is usual for agencies to need more foster homes than they are able to find. Recruitment and development of foster homes is an ongoing part of the work of placement agencies. Many agencies experience particular difficulty in finding foster homes for children of minority groups. Recent research has been directed towards ways of improving methods for recruitment, selection, and development of foster homes among minority groups within the population.

2. *Free Homes.* In the early development of foster home care, free homes were used almost exclusively. In that era this type of

placement was similar to adoption and the child was placed with the anticipation that he would become a permanent part of the family. Free home care, to a very limited degree, continues to be thus used, but at the present time it is more likely to be an arrangement whereby an older boy or girl is placed with the understanding that he will earn his room and board. Only 5 per cent of the children in the care of casework agencies in 1957 were classified as being in free, wage, or work homes.

3. *Adoption Homes.* For the child legally free for adoption, this kind of permanent placement has come to be regarded as feasible and desirable for many more children than had formerly been regarded as adoptable. The placement in adoption of older children and of those with physical or emotional handicaps presents difficulties not present in the adoptive placement of the young baby, but a considerable body of knowledge and skill has developed as to how such placements can be successfully made. See ADOPTION.

4. *Day Care (Foster Family Day Care and Group Day Care).* Day care refers to care provided for children by individuals or organizations on a less than 24-hour-a-day basis. Since 1950 more than three-fourths of the states have either established or revised day care licensing laws or have issued standards and regulations pertaining to day care. Many of these laws and standards attempt to distinguish between family day care and group day care but this distinction is difficult to make since in recent years there has been a burgeoning of situations in which individuals, within their own family homes, care for groups of children. The responsibility for licensing day care facilities, particularly for group care, is variously delegated and sometimes shared among state departments of welfare, of health, and of education; and building, fire, and sanitation inspectors also share in determining the fitness of the facilities. On the whole, the new or revised laws aim to strengthen the protection afforded children, but considerable variation remains in the coverage provided by licensing laws.

These new laws and standards in this area

¹ The Child Welfare League of America is a voluntary standard-setting organization with a membership of approximately 250 voluntary and public agencies and institutions. It provides consultation service, sponsors national and regional educational meetings, and its publications are widely distributed among its membership and individual subscribers and readers.

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of child care reflect, in part, a response to another rapidly changing social circumstance—the sharp increase in the employment of mothers outside of the home. In 1940 only about 1/10 of all working women had children under 18 years of age; by 1950 about 1/4 of the 15 million employed women had children under 18, and by March 1957 the proportion had increased to about one-third. That is, of the 21½ million women in the labor force, 7 million had children under 18 years of age. About 2.6 million of these mothers had children under 6 years of age. In spite of the rapid expansion of day care facilities, sometimes sponsored by public or private agencies in response to the increased need for service but also often initiated by private individuals as a means of livelihood or as a profit-making business, in many communities the need far exceeds the supply.

Child-Caring Institutions and Residential Treatment Centers

In 1950 there were more than 1,600 institutions caring for dependent and neglected children in the United States. In some of these, children receive little more than custodial care supplying the physical needs for food, clothing, and shelter but failing to individualize the child. These institutions are often without casework service to assist in determining, prior to acceptance, whether placement is a suitable plan for the child, and if so, whether institutional care is the preferable method. Nor is there effort to integrate the institution and its activities into the community planning for child welfare service, or to provide those kinds of help which are designed to prepare the parents and the child for his return to the home.

The building structure associated with this custodial concept of institutional care is the congregate type in which large numbers of children are housed in huge dormitories under the charge of their matrons, in contrast with the modern cottage plan institution in which small groups of children live in separate dwelling units on the institutional grounds, each group in the care of cottage

parents. However, the fact that an institution is housed in an outmoded structure is not sufficient evidence to conclude that its philosophy of child care is equally archaic for, within the difficulties of such a building, modern concepts can be introduced. Conversely, neither does the existence of a highly modern plant prove that the needs of children dwelling therein are being met or that the institution is serving a useful purpose for the community's children and their families. Obviously, congruence between the modernity of the architecture and modernity of child care concepts is the most favorable combination.

The modern institution recognizes that its value depends upon its ability to provide for those children for whom institutional care is best suited. Some children, even today, have been so seriously neglected that they have not been taught the most elementary habits of eating, bodily cleanliness, or acceptable speech. It may be easier for such children to learn ways of behaving by imitation of their peers than for them to be placed in a foster home immediately and be subjected to the ignominy of remembering later, when they have come to realize the kinds of behavior which are expected, how they behaved when they first arrived in that home. Other children need institutional care because their ties to parents or their parents' ties to them are too conflictual to permit them to respond to foster parents. Institutions are able to care for all of the children in large families, thus obviating the necessity for separating them, which might be necessary in foster home placement. Children requiring care for a very brief period due to some temporary family emergency might find institutional adjustment less difficult.

In an institution, behavior dangerous to the child himself or to others can be better contained. Also, children who have been so severely damaged by prior experiences that they cannot accept the intimacy of a relationship with foster parents feel safer in a setting with many children where they have the opportunity to respond, first tentatively and untrusting, to the affection of adults who

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are clearly and obviously related to a large number of children. The variety of personnel gives the child some choice as to whom he shall entrust his feelings.

The modern institution is able to use a confluence of resources in the child's behalf. Cottage parents are of primary importance, for from their daily care the child gains a new concept of himself as a person of value, and of adults as persons who care. Group work helps the child learn to relate to his peers and develops his skills. The caseworker helps the child integrate past and present, and provides the link to his home and to the community. Psychiatric consultation is often used to assess the child's emotional problems. Medical services are available for the correction of physical problems. Increasingly the children in institutions attend community schools, but if the child's disturbance is such that he cannot adjust, education within the institution can be provided.

The distinction between this kind of child care institution, in which individualized needs of children are met by diversified programs, and the residential treatment center is blurred, but the latter is specifically designed to care for emotionally disturbed children whose problems have become internalized, and it is usually assumed that they will require a great deal of individual therapy. Treatment of the child is frequently under psychiatric direction. However, importance of the totality of the living experience and of the "therapeutic milieu" is also emphasized in the treatment center.

Intermediate Forms of Foster Care

Some types of care, neither foster home care nor yet institutional care, have developed recently. The group home, for example, is sometimes used for children, particularly adolescents, who do not need the structure and services of an institution and yet would find it difficult to adjust to new parent figures in a foster home. Residence clubs have also been established for older boys and girls able and eager to be on their own but having no home of their own.

The subsidized foster home which might be used for one or for a number of children is distinguished from the usual foster home by the fact that foster parents in this arrangement have a different kind of relationship to the agency, being regarded as employees. They might be paid a salary, or a guaranteed amount regardless of the number of children currently in the home, or the agency itself might own the dwelling and supply the cost of upkeep. Within these arrangements, foster parents agree to accept for placement children designated by the agency, frequently children with severe emotional problems or with some physical or mental handicap requiring an excessive amount of time and care, or children accepted for immediate emergency care at any hour of the day or night. These foster parents need to be able to work closely with professional staff in a partnership designed to bring about rather specific achievements in behalf of children placed.

The increasing variety of foster care arrangements suggests that this form of service to children is becoming more flexibly oriented to their highly individualized needs.

Trends and Problems

Trends noted in the material above represent efforts to meet the problems in practice. These problems are, (a) some children needing foster care are not taken into care and therefore do not receive its benefits; (b) some children are taken into care who should not be; (c) some children are given a form of foster care not best suited to meet their individual needs; and (d) some children remain in care beyond the point where more appropriate plans might have been arranged.

Additional research is needed as to how the effect of certain stresses and strains within the child's own family affect his later development. This would provide guidance as to when removal from a child's own home is imperative. Coordination of community efforts in behalf of children and their families would reduce the number of needful children who do not receive attention from agencies because their particular problems are not

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designated as the responsibility of any specific agency. These same developments, along with increased service to parents, would prevent unnecessary placements. Trends in these directions are indicated sometimes by the mergers of family and children's agencies, thus indicating the relatedness of family case-work and child welfare, and in other communities, inter-agency planning in behalf of families reduces the degree to which a family's problems are segmentalized.

Greater diagnostic skill in assessing a child's particular needs and the parallel development of greater varieties of facilities increase the probability that a child will be provided with the particular kind of foster care he needs. After placement, rehabilitative work with the family, treatment of the child who has problems in his own behavior or in his capacity for relationships, and planning which takes into account the changing needs of the child as he matures are likely to reduce the average length of time children remain in foster care. A greater number will be returned to their own parents or be placed in adoption, or, in some instances, long-time foster care will be the treatment of choice rather than a situation into which agency and child have drifted by default.

In 1956 the U.S. Children's Bureau received replies from 51 state public welfare agencies and territories in response to a questionnaire, one part of which sought to identify current problems in foster care. Three factors handicapping current programs were identified by more than half of the states: 48 states listed shortage of professionally trained personnel, 35 noted inadequate financing of foster care programs, and 32 mentioned excessive case-loads.

Problems of children in foster care and of their parents require a fine quality of case-work skill if constructive change in the individual is to be effected. Further, the necessity for integrating foster care services with other community resources, and the obligation to use resources in the most efficient manner require a high order of skill in community organization and in administrative capacity from those persons who are entrusted with

the operation of foster care agencies and institutions and with community planning. Given these favorable conditions, foster care is able more fully to realize its potentialities for highly constructive service in behalf of children who cannot live with their own families. Since it is impossible to insure against all possible hazards of social calamity and individual parental inadequacy, it is altogether probable that some forms of foster care, in some quantity, will always be needed.

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FOUNDATIONS AND SOCIAL WELFARE. The foundation in its broadest sense may be defined as an instrument for the contribution of private wealth to public purpose. Under this broad definition foundations are older than recorded history; they include provisions made by individuals or groups in nearly all ancient civilizations for recurring sacrificial feasts which benefited priesthoods, wayfarers, and the poor; perpetuities set up by the Pharaohs for religious purposes; Greek and Roman endowments; and the ecclesiastical and charitable trusts which grew into many thousands in England under the Tudors, and later.

Half a century ago the foundation idea began to take deep root in American soil, but with a significant difference. Substantial endowments were set up, often in perpetuity, as in England; but frequently with wide latitude in their uses. "To promote the well-being of mankind throughout the world," the purpose-clause of The Rockefeller Foundation, was not unusual. Special-purpose funds were also set up, but characteristically the larger foundations had great freedom of action. Their trustees spent less time in conserving money than in exploring new and enterprising ways of spending it. The new doctrine asserted that the funds of foundations were the venture capital of philanthropy, best spent when invested in enterprises requiring risk and foresight, not likely to be supported either by government or the private individual. The usual purpose was not relief or even cure; it was research, prevention, and discovery. The very word "foundation" acquired in America connotations of freedom of action.

A decade and a half ago a fresh wave of foundations began to sweep over the country, induced in part by high levels of taxation resulting from World War II. Many of these were family foundations, set up by a living individual, with both contributions and direction closely held within the family group. Another large segment were company-sponsored foundations, set up by business corporations to receive substantial contributions in years of high profits—or especially

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high taxes—and to disburse these funds, through good and bad years, in the customary patterns of corporation giving. Both family and company-sponsored foundations differed in one significant respect from the older, traditional foundation: they had usually no large corpus, but carried on their often substantial programs with moneys received currently. Although they may accumulate corpus, typically they are “in and out” foundations rather than endowment type.

Further to complicate the picture, foundations constantly arose that did not fit any of these categories; for example, community foundations that were amalgamations of numerous small funds, and the wholly tax-supported National Science Foundation. Also, a number of organizations devoted primarily to fund-raising, propaganda, or subsidized research have assumed the prestigious name “foundation,” to which they can show no legitimate claim.

For purposes of this article we shall define a foundation as a nongovernmental, non-profit organization managed by its own trustees or directors, not soliciting funds from the general public, and established to maintain or aid social, educational, charitable, religious, or other activities serving the common welfare.

Foundations Today

Foundations falling within this definition, and having assets of a minimal \$50,000 or making grants of at least \$10,000 in the latest year of record, number about 5,500 in the United States today, and there are at least an additional 5,000 of smaller size. About 1,200 organizations of the foundation type newly receive tax-exempt status each year, but most of these are small and some are not destined for survival. A relatively small number lose tax-exempt status, become inactive, or are dissolved each year.

Foundations may be set up either as trusts or as nonprofit corporations, with a tendency for the latter form in recent years. With respect to capital formation, they are of three types. Perpetuities may spend only

income. In optional perpetuities the trustees, usually under stated conditions, may spend principal as well as income. Liquidating funds are required to dispose of all the principal as well as income within a given term, often a stated number of years after the death of the donor. Since 1950 a fourth form, the accumulating foundation, has become illegal; foundations created since that date endanger their tax-exempt status if they attempt to accumulate income and add it to corpus.

According to still-tentative estimates from the Foundation Library Center, there are about 135 foundations with assets exceeding \$10 million. The ten largest, with assets at market value at the close of their most recently available fiscal year, are, in order of size:

<i>Foundation</i>	<i>Assets in Millions</i>
Ford Foundation.....	\$2,224
Rockefeller Foundation.....	648
Duke Endowment.....	415
John A. Hartford Foundation.....	413
Carnegie Corporation of New York..	253
W. K. Kellogg Foundation.....	177
Alfred P. Sloan Foundation.....	176
Lilly Endowment.....	157
Commonwealth Fund.....	117
Danforth Foundation.....	110

It is probable that at least two other foundations will join the \$100 million category after estate settlements are completed.

There are about 800 foundations with assets between \$1 million and \$10 million. The ten thousand smaller foundations are chiefly local in character.

Assets of all American foundations at market value are in the neighborhood of \$10 billion; but since a substantial part of these assets are in common stocks, they are subject to wide fluctuation. More than half of the total assets are in the hands of the hundred largest foundations.

Flow of Funds

Programs supported by foundation grants are almost infinite in variety, but there is concentration in certain fields, while others obtain little from this source. The Foundation Library Center is just completing its compre-

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hensive *Foundation Directory*, and while final figures are not available as this article is written, information can be given on the fields of expenditure of the larger foundations, which in fact account for the lion's share of all foundation grants.

In earlier surveys, foundation grants went chiefly to health and education, with social welfare a close third. That design for giving has radically changed.

The grants of 110 large foundations (usually for calendar 1957 or a fiscal year ending in 1957) totaled \$521 million. But 1957 was not a representative year. In 1956 and in 1957 The Ford Foundation made large payments from its capital grant of \$500 million for hospitals, medical schools, and salaries of professors in colleges. Therefore, the grants of 110 foundations have been recomputed with these special grants removed, so as to make the totals more nearly representative. The table below presents these adjusted figures; the discussion emphasizes fields most closely related to welfare and health.

GRANTS OF 110 LARGE FOUNDATIONS, BY FIELD

Field	Amount (Thousands)	Per Cent
Education	\$116,175	47
Health	35,214	14
Scientific Research	33,241	13
Social Welfare	21,740	9
International Affairs	18,682	8
Humanities	10,336	4
Religion	8,520	3
Government	3,986	2
TOTAL	\$247,894	100

Source: Foundation Library Center.

Education, always a favored field for foundation expenditures, has risen to the position where it received 47 per cent of the giving of the larger foundations in 1957. This is not surprising. Education fulfills one of the major tenets of foundation doctrine, which, in Andrew Carnegie's colorful phrase, is placing within reach "the ladders upon which the aspiring can rise." Direct help may be given, if desired, to students, to research scholars, to teachers, to adults. Nearly every operation a foundation supports is channeled through

educational institutions or has educators as participants. And it is more than possible that recent emphasis on "the crisis in education" may account for some of the bulge.

Health, at 14 per cent in 1957, represents a sharp percentage decline from previous records; but its \$35 million is more than twice the dollar amount of the previous smaller surveys. It seems possible that massive government expenditures, both for research in health and for such other purposes as hospital building, have reduced the relative urgency of this field in the view of some foundations.

A more detailed examination of the health grants indicates that medical education and hospitals received the major shares—about \$13 million for the former, \$12 million for the second. Mental health came next with \$2.5 million, followed by public health and by nursing, each receiving \$1.6 million. Care of the sick and dentistry were each slightly above \$1 million. All other categories—national health agencies, health services, health education, and accident prevention—received less than a million each from the larger foundations, and fell in the order indicated.

Scientific research received \$33 million, or 13 per cent of the grants of the larger foundations. For purposes of this survey, the sciences were placed under three major groupings: physical sciences, life sciences, and social sciences. Since the same classifications were used in a special survey of foundation grants for scientific research covering 1953, under auspices of the National Science Foundation,¹ comparisons are possible.

The largest swing was in the physical sciences, which in 1953 received only 10 per cent of the scientific research grants; in 1957 these sciences were up to 31 per cent, or \$10.4 million; physics accounted for more than half of this total.

In both years the life sciences were the most favored grouping, receiving in 1953 nearly half of the research funds—48 per cent—and in 1957, 41 per cent. This grouping includes the medical, biological, and agricultural sciences. The medical sciences, which received

¹ See Andrews, *Scientific Research Expenditures by the Larger Private Foundations* (*infra*).

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\$5.9 million, might also be classified under health.

The severest decline was suffered by the social science grouping. In 1953 these sciences received 42 per cent of the money reported for scientific research grants; in 1957, 28 per cent, or slightly over \$9 million. Moreover, it was economics that received the major share in 1957, \$4.6 million. Sociology, with minor contributions from the allied disciplines of anthropology and social psychology, accounted for a little less than \$3 million. Political science was granted \$1.9 million. This decline in social science grants seems remarkable in a period when problems in this area are increasingly emphasized.

Social welfare is the next category, accounting for 9 per cent of the grants of the large foundations, and under \$22 million. This may be the most surprising percentage in the series. From its traditional position among the major three fields of foundation interest, it has now dropped to a minor position. Grants for social welfare were less than a fifth of those for education, though at least some grants in this area were made by most of the larger foundations—67 out of the 110.

Thirteen subcategories are included under *social welfare*, namely, the aged, child welfare, community funds, delinquency and crime, family service, the handicapped, housing, industrial relations, intercultural relations, legal aid, relief, social research, and youth agencies. Of these, youth agencies received the largest amount of funds in 1957, over \$5 million. Nearly half of the 110 foundations made some contributions in this subcategory, but one of them, long known for its special interest in boys, accounted for a substantial part of the total. Community funds was the next most important subcategory, accounting for about \$4.8 million. About half of this amount came from six company-sponsored foundations in the form of gifts to community chests and united funds. The remainder consisted of grants from family foundations, community foundations, and a small number of general research foundations, none of which gave substantial amounts.

Child welfare received grants from about a third of the 110 foundations, amounting to \$3 million. Four subcategories—the handicapped, family service, the aged, and intercultural relations—are closely grouped, each receiving grants totaling a little more than \$1 million. Contributions for the handicapped were widespread, but none large. Family service grants came largely from the community foundations, where in most cases the funds were earmarked for particular agencies. The million and a quarter for the aged came chiefly from a few large research foundations, with research obviously being stressed in this field rather than actual care. A dozen foundations concerned themselves with intercultural relations, but only two made substantial monetary grants.

Three subcategories fall between \$1 million and \$500,000. Social research received \$965,000 in grants; moreover, akin to this subcategory are many of the grants already listed under *scientific research* (social sciences). Delinquency and crime, with \$806,000 from 19 foundations, probably attracted more grants in 1957 than its usual earlier share because of public concern with problems of juvenile delinquency; however, no foundation made this subcategory a major interest. Relief once pre-empted large portions of foundation grants; now it is down to \$626,000 from all the larger foundations together, and would be less except for charter provisions that in some cases dictate expenditures in this field. The remaining three subcategories, legal aid, housing and industrial relations, received only minor grants; but of course some of the *scientific research* (economics) grants dealt with industrial relations problems.

International affairs is the next major field. It received only a little less than social welfare, \$18.7 million, or 8 per cent of the grants of the larger foundations. This is far more, in both money and proportion, than appears in any previous record—in the light of present world conditions, a trend not unexpected. Participation was less broad, however, than in the previous categories. Only about one-quarter of the large foundations made any

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grants in this area, and nearly two-thirds of the total came from a single large foundation.

Humanities received about \$10 million of the 1957 grants, or 4 per cent of the total from the 110 foundations. This corresponds closely in proportion to earlier studies. It seems a small amount for the broad areas covered, for under this heading were totaled grants for all the arts, including the substantial sums that went for purchase of paintings and support of music.

Fine arts was the subcategory receiving the largest amount, nearly \$2.5 million from 26 foundations, one of which devotes all its funds to this area. Another makes it a major interest. This subcategory has been subject to wide fluctuations over the years, with tremendous increases in certain years when a large foundation has donated a collection to an art museum. Music claimed a little over \$1.5 million, from 30 foundations. Here again one foundation devoted all its funds to this area; and another, nearly all its funds. These two accounted for more than half of the total.

Religion received grants from only a third of the larger foundations, and the total was \$8.5 million, or about 3 per cent of the adjusted total. But even this amount is an increase, absolutely and relatively, from previous records. It is possible that 1957 was not a representative year in this field; nearly half of the recorded religious grants went to theological seminaries, and a large share of this amount was the gift of a single foundation. It is also to be remembered that religion is by no means the stepchild of philanthropy; of total philanthropic contributions in America, slightly more than half are estimated to go to religion. These come chiefly from individual donors; and in the foundation field, among the smaller, family foundations, where giving follows personal patterns to a large degree, religious gifts are much higher than in the segment here studied.

Support for studies in the field of *government* amounted to less than \$4 million, and has never been large. Almost half of this sum came from a single foundation.

The above summaries of the grants of only 110 foundations indicate certain general trends in the flow of foundation funds. There has been a relative decline in the proportion of such funds devoted to the broad field of social welfare. This is less true among smaller foundations, which include a much higher proportion of "family" and company-sponsored foundations, where the patterns of giving are more nearly those of individual donors. From these foundations substantial sums go to operating social agencies, to community funds, and for individual welfare projects of special interest to the donor. While the possible grants of a small foundation are not individually large, such foundations are numerous, and the total becomes substantial. A sampling study made by the Foundation Library Center suggests that about one-quarter of the funds of foundations with assets of less than \$1 million are made in the social welfare field. It is probable that total foundation grants for social welfare exceed \$80 million annually.

Some Recent Grants

Because of the great number of foundations involved and the complications of the field itself, no comprehensive list of major grants can be attempted. The following are merely illustrative of recent activity in this area.

The aged. The Hartford Foundation for Public Giving gave \$20,000 to help establish a community center for elderly persons. The Rosamond Gifford Charitable Corporation granted \$12,265 for an experiment with meals-on-wheels, a service for the aged and chronically ill. The Ford Foundation granted \$126,000 to Western Reserve University for studies of housing arrangements for older persons.

Child welfare. The Joseph P. Kennedy Jr. Foundation committed \$800,000 for an interdenominational child study center in Santa Monica. The Grant Foundation gave \$58,800 to Children's Village to expand its group therapy project. The Eugene and Agnes E. Meyer Foundation gave \$33,695 to the Washington Health and Welfare Council for a study of dependent and neglected children.

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Delinquency and crime. The Rockefeller Brothers Fund gave \$25,000 to the New York City Mission Society to underwrite summer work projects rather than recreation programs for older teen-agers in high delinquency areas. The Louis W. and Maud Hill Family Foundation and the Wieboldt Foundation each gave \$30,000 to the University of Chicago's graduate School of Social Service Administration to develop new courses for training social workers in combating juvenile delinquency.

Family service. The Hogg Foundation for Mental Health committed \$17,500 to help establish family counseling service on a demonstration basis in an area comprising small communities in Hidalgo County, Texas. The Lilly Endowment gave \$12,875 to the Purdue Research Foundation for a study and training program on family life education. The Howard Heinz Endowment gave \$10,500 to subsidize casework studies in Pittsburgh.

The handicapped. The Field Foundation gave \$60,000 to the American Printing House for the Blind for translation into Braille of an encyclopedia. The Association for the Aid of Crippled Children gave \$25,000 to the Crotched Mountain Rehabilitation Center for Crippled Children in New Hampshire, toward training professional workers in rehabilitation. The Indianapolis Foundation gave \$100,000 for a Goodwill Industries building which now employs 300 handicapped.

Housing. The Cleveland Foundation gave \$31,500 to the Urban League of Cleveland toward housing service for Negroes. The Sarah Mellon Scaife Foundation gave \$12,000 to ACTION-Housing, Inc. in Pittsburgh toward organization and initial administrative expenses, and added \$75,000 in 1959 for an expanded program of new housing for middle-income families in Alleghany County, Pennsylvania.

Industrial relations. The New World Foundation gave \$25,000 to the Law School of the University of Chicago to advance ethical standards and practices on the part of persons engaged in industry and commerce, including studies of problems of labor, corporations, competition, and monopoly. The Rosenberg

Foundation gave \$12,192 for a survey on problems of the migrant worker.

Intercultural relations. The New York Foundation gave \$10,000 to the National Recreation Association for its interracial recreation program. The Fund for the Advancement of Education gave approximately \$500,000 to the New York City Board of Education for a study of education and adjustment of Puerto Rican pupils in city schools.

Youth agencies. The Charles Hayden Foundation gave \$500,000 to Boys' Clubs of America for its new headquarters building. The Y.M.C.A. Centennial Campaign in Atlanta received \$250,000 from the Emily and Ernest Woodruff Foundation, \$150,000 from the Joseph B. Whitehead Foundation, and \$100,000 from the Lettie Pate Evans Foundation.

Information About Foundations

More than half of the large foundations, but very few of the smaller ones, publish reports, which they will supply on request. Directories exist, as listed below. Both the annual information returns (Form 990-A) and the original application for exemption of organizations of the foundation type are now open for public inspection, usually at the office of the local District Director of Internal Revenue, in some cases in Washington. Under the grants of several large foundations, the Foundation Library Center has been established in New York City to collect, organize, and make available to the public reports and information about foundations. In turn, it has assisted the Midwest Inter-Library Center in Chicago in setting up a collection of fundamental foundation records. General literature on the subject is growing, but is still not large; a selection is noted below.

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F. EMERSON ANDREWS

GUIDANCE AND COUNSELING* include those functions in our society which are aimed at helping each individual to make an adequate personal and social adjustment to his environment, and to develop fully in accordance with his own unique potentialities, interests, and values. Although such functions may be carried out to some extent by many different people and professions in our society, there is a rapidly expanding professional field of guidance and counseling. Guidance workers and counselors may be found in a variety of settings as described below, and a variety of techniques and procedures are utilized.

The term "guidance" tends to be used to refer to appropriate activities in the secondary schools and, more recently to some extent, to comparable activities in the elementary schools. The term "counseling" is generally used in the college or university, and in rehabilitation and other settings, and may refer to the face-to-face relationships of an individual and a counselor or to the more gross

* For current information regarding guidance and counseling the reader is referred to the American Personnel and Guidance Association, 1605 New Hampshire Avenue, N.W., Washington 9, D.C., and the American Psychological Association, 1333 Sixteenth Street, N.W., Washington 6, D.C.

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functions involved in helping individuals. Most professional workers throughout are generally referred to as counselors. Counseling psychology is closely related, and may be defined as that specialized field within the profession of psychology which is primarily concerned with guidance and counseling.

Since the goal of counselors is to help individuals to make over-all adjustment and sound plans for the future, the work must be closely coordinated with that of many other professional workers, such as psychologists, psychiatrists, ministers, physicians, social workers, and educators.

Historical Development

The present-day guidance and counseling movement derived from several different origins. The original guidance movement started soon after the turn of the century and was primarily concerned with helping young people choose appropriate occupational pursuits. It led to the founding of the National Vocational Guidance Association in 1903. Early individual intelligence testing and the development of the Army Alpha test during World War I resulted in the present-day testing programs which are so important in many fields. Although occupational information was published early, large-scale development was first initiated during the depression of the 1930's with the establishment of the United States Employment Service and its research and development programs. The extensive occupational analysis program resulted in the initial mass of systematic information on occupations and enabled the development of the *Dictionary of Occupational Titles* which provided the first adequate basis for classification of all occupations.

Systematic research on counseling techniques occurred primarily in universities, starting in the late 1920's. World War II resulted in a major emphasis on guidance and counseling, and the veterans' counseling program, under the auspices of the Veterans Administration, resulted in counseling centers

being established in a large number of universities.

The field of rehabilitation counseling was given major impetus in 1954 when Congress provided funds to the U.S. Office of Vocational Rehabilitation which enabled that agency to develop greatly expanded rehabilitation services and counselor training programs. The most recent stimulus was provided by the challenge of the "sputniks" and the resulting National Defense Education Act of 1958. Guidance and counseling institutes were conducted in some fifty universities during the summer of 1958, financed by the National Defense Education Act, for training urgently needed counselors for the schools. In addition, financial aid has been provided to the states for further development of guidance and testing programs in the schools, with emphasis on providing guidance and counseling services to talented youth.

The formation of the American Personnel and Guidance Association in 1951 by the unification of several national groups provided the first major professional "home" for all guidance and counseling workers. The American Personnel and Guidance Association now has the following divisions: National Vocational Guidance Association, American College Personnel Association, National Association of Guidance Supervisors, Student Personnel Association for Teacher Education, American School Counselor Association, and Division of Rehabilitation Counseling. With a membership of over 10,000, this organization is most significant in the advancement of the guidance and counseling movement. In addition, the Division of Counseling Psychology of the American Psychological Association has provided major leadership to the field, particularly in the areas of professional standards and practices, research on counseling theory and techniques, and professional training.

The Work of the Counselors

As mentioned above, counselors work in a variety of settings. A brief description follows of some of the more significant areas.

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The demand for qualified counselors is ever increasing, and further development will largely depend on the output of training programs.

The most extensive area of guidance and counseling is in the secondary schools throughout the country. Although there are still many high schools without guidance programs, new programs are being established at a rapid rate. Through the National Defense Education Act of 1958, extensive financial aid is being provided to the schools through the states, with the goal of having adequate guidance and counseling services in every junior and senior high school in the country. Guidance programs vary from one part-time counselor who devotes a few hours a week to interviewing pupils to highly developed programs involving large full-time counseling staffs, testing programs, cumulative records, occupational information libraries, and other supplemental services such as remedial reading and mental hygiene clinics. Such large programs usually employ other appropriate professional workers on a full-time or part-time basis, such as social workers, psychologists, and psychiatrists. Since sound long-range planning and the solving of personal adjustment problems are seldom accomplished in a short period of time, the school has the ideal opportunity for helping an individual to develop, adjust, and make necessary decisions on a gradual basis, depending on his individual needs and circumstances. Not only does the counselor work with pupils individually, but he cooperates and works with teachers and other school staff regarding interpretation of test scores, special actions pertaining to individual pupils, promulgation of occupational information through the curriculum, and other appropriate problems. In addition, the counselor maintains adequate communication with the parents.

The majority of states have certification requirements for counselors which demand that counselors have at least minimal qualifications in the area. James B. Conant, in *The American High School Today*, recommends one full-time counselor to every two

hundred and fifty to three hundred pupils in a high school. Large numbers of counselors must be trained to approach the fulfillment of Conant's recommendation.

Counseling on a formal basis was first introduced into a limited number of colleges and universities in the late 1920's and early 1930's. Along with this move began the first research on counseling theory and techniques, which provided the base for the sounder professional development of the total guidance and counseling movement as it exists today. It was not until after World War II that counseling centers were established on a large number of campuses. As stated above, the Veterans Administration advisement program for returning veterans was largely responsible for the widespread establishment of counseling centers and related services. At present, most colleges and universities of reasonable size provide vocational and personal counseling services as well as remedial counseling for such skills as reading and study habits. Smaller colleges and universities are providing such services as rapidly as finances will allow. Such counseling centers in the larger universities serve as the research and training centers for counselors as well as for providing services to students. Many universities have trained counselors in the dormitories and in other offices on the campus which provide student personnel services.

Counseling in the area of rehabilitation is advancing rapidly. It is well recognized that the transition of the mentally or physically handicapped person from a state of complete dependency to one of being a productive and happy member of society may be a long, arduous process. Individual and group counseling techniques as well as environmental manipulation may aid greatly in this readjustment period. The counseling psychology program in Veterans Administration hospitals is one of the most highly developed. The state rehabilitation programs are in need of many additional trained rehabilitation counselors; and the graduate training programs, financed by the U.S. Office of Vocational Rehabilitation in many universities, are significant in filling this demand. Rehabilitation

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is a team operation which necessitates the exceptionally close coordination of the work by the counselor with other professions, including social work, occupational therapy, nursing, and the various appropriate medical specialties.

Counselors may be found in many other settings too numerous to cover completely here. A variety of community agencies employ counselors with particular emphasis on serving the adult, but there is need for more such services, now generally limited to the larger cities. The United States Employment Service and the respective state employment services employ many counselors and specialize in employment counseling. In addition, they aid industry in selection and placement of personnel, utilizing their well-developed *General Aptitude Test Battery* as appropriate. The various branches of the military establishment also have counseling programs with counselors throughout the world to provide services to military personnel and to aid in the transition process after release from military service. Industry is making an increasing use of counselors for purposes of employment, upgrading, and improvement of morale. Many consulting companies employ counseling psychologists to work with business and industry in similar ways.

Training and Techniques

There are various levels of training in the area of guidance and counseling, and competency level and mastery of techniques vary with the level of training. Some part-time counselors in the schools may have had only a few hours of training at the graduate level. Training may extend through the doctor's degree level in education (guidance major) or in counseling psychology. Many counselors have secured the master's degree, which is attained in one or two years depending on the particular curriculum and institution involved. There are many positions awaiting the person trained from the master's degree level through the doctor's degree. The counselor interested in the schools must also be certified as a teacher, and in most cases have

teaching experience. For other areas the training and experience must be appropriate, and the two years' master's degree program, which includes a period of field experience or "internship," is tending to become standard. An ever-increasing number of positions require the doctor's degree, and the number is expected to increase as rapidly as the supply of persons holding such degrees will allow.

Since human behavior is extremely complex, it is apparent that a more or less mechanical use of guidance or counseling techniques is likely to be ineffectual. Much basic theory is essential as a base for sound guidance and counseling practice. A thorough understanding of the development process from early childhood throughout the life span is vital. This includes physical, mental, and personality development and the interaction of the individual with all aspects of the environment. Additional competencies needed are theory of personality, theory of test development and validity, counseling theory, and an understanding of the sociological and occupational structure of our society, to mention only a few.

The interview is one of the basic techniques of the counselor. First, it is a means of gaining information to be utilized along with all other information available for purposes of evaluation or diagnosis. This step is necessary if the counselor is to be of assistance in helping the counselee to gain self-insight and become able to solve his own problems.

Successful counseling is not only dependent upon adequate understanding of theory, but also upon proper application of theory along with a capacity for "sensitivity". By this term is meant the capacity of the counselor to become readily aware of the true feelings and personality dynamics of the counselee, which frequently depends on responding to and interpreting extremely subtle bits of behavior which may readily be overlooked.

Once the problem is clarified it then becomes a matter of drawing on specific and appropriate counseling skills to help the counselee. The specific techniques used by a counselor with a counselee will depend more

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on the counselor's own theoretical approach than on routine methods, and may differ considerably from counselee to counselee depending on particular needs and diagnosis. Counseling may vary from a directive (authoritative) approach to being non-directive (encouraging counselee to talk through his own problems with only subtle aid or direction from the counselor). Since a counselee must normally make his own decisions and solve his own problems, straight directive counseling is normally not effective. There are exceptions, of course. Difficult rehabilitation cases, for example, may justify considerable direction.

There is a common misconception that counseling is entirely a matter of administering tests, interpreting the test results to the counselee, and making direct predictions. It is further incorrectly assumed that the counselee will accept the results and act accordingly. This is not necessarily what will happen, even though tests are useful in the counseling process. A wide variety of tests are available covering the areas of achievement, ability, interests, values, personality, and many specific aspects. Tests may vary greatly in degree of validity (how well does a test really measure or predict what it is purported to do?) and reliability (how dependable or consistent is the measure?). In general, test results provide additional information for the counseling process which may be considered along with other facts regarding previous experience of the counselee. For example, an individual's high school grade average is a better prediction of his college success than are the results of any particular test. At the same time, the results of a valid college aptitude test or battery will aid the counselor and counselee to gain additional insight and improve prediction regarding potential college success. Tests are of particular value in providing information in areas where background experience is lacking or inadequate. Good tests are complex instruments and must be so considered in use. Adequate interpretation requires a thorough understanding of the theory behind the test, how the test was constructed

or developed, and a complete knowledge of research, validation studies, and previous experience with the test.

An important factor in guidance and counseling is the use of occupational information. This involves a comprehensive knowledge of the occupational structure and dynamics of our society and published and recorded information on occupations. Even more important is the understanding of the theory of vocational development and occupational choice, and the techniques for transmitting the information to young people so that it will be understood and accepted. The occupational structure and demands of our society is constantly becoming more complex. There is an increasing need to train a larger proportion of our population for professional and high-level skilled occupations. The average young person has an opportunity to have experience with or gain knowledge about only a limited number of occupational areas unless special assistance is provided. Hence, an important goal of the counselor is to broaden the occupational perspective of each young person compatible with his own unique abilities, interests, and limitations.

The job of the counselor is not limited to working directly with individuals; significant contributions are made by assisting other professional workers in the general task of enabling people to make better adjustment. In the school this may mean working with teachers in diagnosing problems of individual pupils or interpretation of test scores, and assisting in determining appropriate plans of action. Assistance in curriculum planning is also important, with emphasis on introducing occupational information into the curriculum as may be appropriate. In the area of rehabilitation, much of the work of the counselor may be with other staff members in diagnosis, in coordinating activities, or in making appropriate specific plans for individuals.

Some of this latter function may include what may be called environmental manipulation for purposes of helping individuals gain new perspectives or make new ad-

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justments. This process involves setting the environment in so far as possible to accomplish specific aims pertinent to the needs of an individual. This aspect of counseling is of particular importance in rehabilitation within an institution where reasonable control of the environment is feasible.

A group approach is being used frequently at present with numerous goals and procedures. A group may utilize discussion with varying degrees of direction to deal with personal or social adjustment problems or long-range plans. In rehabilitation of mental patients, group discussion may be used to encourage the socialization adjustment process. The group approach has many practical limitations, but it also appears to have advantages in certain respects over the interview. Much current research is being conducted on group techniques as related to guidance and counseling.

Current Trends

The most significant trend is the rapid increase in demand for guidance and counseling services, which is comparable to the expansion of demand for services by other professions that contribute to the general betterment of the population. Additional stimulation to growth has resulted from increased demand for high-level talent, particularly in the scientific and engineering areas, resulting from the world situation. State departments of education, school boards, and colleges and universities have all placed a new emphasis on guidance and counseling programs. The National Defense Education Act of 1958 has provided the financial means as well as more stimulation to enlarge guidance and testing programs and to increase the size of counselor training programs in colleges and universities. The comparable federal financial support through the U. S. Office of Vocational Rehabilitation has resulted in greatly increased demands for rehabilitation counselors.

Guidance and counseling has become a better organized profession in recent years. The growth of the American Personnel and

Guidance Association provides clear-cut evidence. Training standards have been improved, and increased attention is being given to ethical practice standards. The American Board on Professional Standards in Vocational Counseling, Inc., a board created by the American Personnel and Guidance Association, approves vocational counseling services throughout the country and publishes a directory of those so approved. This directory enables referral to competent agencies where guidance and counseling services are available.

The Occupational Outlook Service and the Women's Bureau and other units in the U. S. Department of Labor are contributing much to the area of occupational information. The *Occupational Outlook Handbook* (revised every two or three years) is the most outstanding single publication covering occupations in the United States. In addition, other publications, research studies, and surveys have contributed much to the field of guidance and counseling.

The health and progress of a professional field depends largely on the research productivity of the profession. Recent emphasis on the extension of guidance and counseling has encouraged research. A large portion of the basic research is carried out by psychologists and sociologists, which is logical since guidance and counseling constitute primarily an applied field depending on the basic sciences of psychology, sociology, anthropology, and related areas. The main criterion of research productivity is the nature and number of publications. Research publications pertinent to guidance and counseling appear in many different journals. The two most significant journals are the *Personnel and Guidance Journal* and the *Journal of Counseling Psychology*. Other significant periodicals include the *Journal of Applied Psychology*, *Educational and Psychological Measurement*, *The Vocational Guidance Quarterly*, and *The School Counselor*. There is a need for new journals to satisfy the demand for publication sources. Many books have been and are being published. A recent one is the *Fifty-eighth Yearbook of the National Society for*

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the Study of Education. Part II of this volume, entitled "Personnel Services in Education," was prepared with cooperation of the American Personnel and Guidance Association.

Historically, the greatest emphasis in guidance and counseling has been given to young people. More recently, increased attention has been given to adults in rehabilitation, in industry, and through community agencies. An urgent need is for additional counseling services for adults, and particularly for older persons concerned with adjustment for retirement. With the increased life span and the trend toward earlier retirement, the needs for counseling with this group are evident. The need for solving personal adjustment problems and planning for the future is not limited to the young person; it is a life-long process. Hence, a challenge for the future is to provide adequate guidance and counseling services for persons of all ages.

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FRANK M. FLETCHER, Jr.

HOMEMAKER SERVICE. A constantly growing number of social and health agencies and hospitals, both voluntary and tax-supported in the United States and abroad, are recognizing the need for and the value of providing care for children, the chronically ill, the handicapped, and the aging in their own homes instead of placing them in institutions or boarding homes during periods of illness, incapacity, or family stress. As a result, services variously called "homemaker," "housekeeper," "mother's aide," "home care," or "home helps" are being established. By whatever names such services are called, their basic purpose is the same—namely, to help maintain families and individuals in their own homes by supplementing the services given by a professional worker with those of a woman who goes to the family to give care to the person(s) who needs this help, and to assist with the household tasks. The availability of these services and their administration, operation, and standards may vary, due to differences in the functions of the agencies providing them.

Historical Development

Voluntary casework agencies in Baltimore, Chicago, and Philadelphia were the first to

† For addresses of periodicals listed see Appendix. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

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recognize the value of keeping the family unit intact by providing care for children in their homes. In the early 1920's they employed women, whom they called "visiting housekeepers," who were sent to families with children for a temporary period in time of crisis. By the early 1930's other agencies saw the value of the service. Due to lack of funds and staff, few additional services were started in voluntary agencies prior to the end of World War II.

During the depression a housekeeping-aide program was set up in the Works Progress Administration. Under this program, women in need of financial assistance were assigned to help families with children, the chronically ill, and the aging in their own homes. When the program was discontinued, the loss of this valuable resource was keenly felt by the recipients of the service and by the referring agencies.

During the war years the demand by industry for woman power and the high wages paid made it difficult to recruit women to serve as homemakers. Since the end of the war in 1945 there has been a slow, steady growth in the establishment of homemaker services by voluntary and public casework agencies. A few have also been established in health agencies. In recent years an increasing number of agencies have been extending their homemaker services to individuals and childless families. In some this additional coverage is limited to the aging. In others it includes adult individuals and childless families regardless of age. Many more agencies wish to start or extend homemaker service but cannot do so until their communities are sufficiently aware of the value of the service to underwrite its cost. Because of the many requests for service, most agencies can provide it only to those who need it for a brief period. However, a growing number of agencies are providing services to families who need it for months or years. The value of long-time service was demonstrated in the projects carried out in four New York City agencies with the help of special grants from the Greater New York Fund. The Brooklyn

Bureau of Social Service and Children's Aid Society, and the Community Service Society of New York, have published reports of their projects.¹

The U. S. Children's Bureau, recognizing the value of "visiting housekeeper service" as a means of maintain children in their own homes, called a conference in 1937 of representatives of national, federal, and local agencies to discuss this service. A somewhat similar conference of representatives of social agencies actually providing visiting housekeeper service followed in 1939. By agreement this group changed the name of the service to "supervised homemaker service." Out of this conference came the establishment of the National Committee on Homemaker Service, made up of representatives of agencies providing this service. The Committee has continued to function and has met annually except during World War II. It does not have a staff or office of its own. Staff members of the agencies represented on it do its work. The amount of time they can devote to the development of services is limited. In 1955 and 1956 the Committee invited representatives of some of the federal and national agencies to meet with it to examine the Committee's function and responsibilities in light of the functions of these agencies and their responsibilities to help local and state agencies develop homemaker services. This examination led to the National Conference on Homemaker Services (see below).

There has been a great growth in homemaker services (usually called "home helps") abroad, primarily in the British Isles and the Scandinavian countries, where most of the service is provided by governmental agencies. In the spring of 1959 services were reported as being operated in Australia, Austria, Belgium, Canada, Czechoslovakia, Denmark, Finland, France, Germany, Great Britain and Northern Ireland, Israel, Italy, The Netherlands, New Zealand, Norway, Sweden, and Switzerland.

¹ See Brooklyn Bureau of Social Service and Children's Aid Society and Community Service Society of New York, *both infra*.

Homemaker Service

Criteria for Homemaker Service

At its October 1946 meeting the National Committee on Homemaker Service adopted the following criteria for homemaker service:

Homemaker service should be under the direction or supervision of a staff member of the agency who has had casework training and experience, and whose duties include being responsible for recruiting, selecting, training, and assigning the homemakers employed by the agency. She may carry this responsibility as part of her total position with the agency, or it may be her sole assignment.

The homemakers should be employed and paid by the agency and be assigned by the director or supervisor of the service or some member of her staff.

The agency should define the qualifications and duties and responsibilities of its homemakers; should be responsible for interpreting these to the families to whom the homemakers are assigned; and should be responsible for the supervision of the homemakers.

The agency should employ qualified homemakers, capable of meeting the standards implicit in the agency's function and it should take full responsibility for the service given by its homemakers.

The agency should have established personnel practices for its homemakers with respect to salary, hours of work, holidays, sick leave and vacation.

In the main, casework agencies operate their services in accordance with these criteria.² Some of the recently established services, particularly those operated by health agencies, do not meet all of them. They are unquestionably meeting a need in their communities, and the national agencies with which they are affiliated will doubtless develop criteria that are geared to their programs and methods of operation as they implement the recommendations made at the National Conference of Homemaker Services mentioned above.

Help Available from National and Federal Agencies

The Bureau of Public Assistance and the Children's Bureau of the U. S. Department of Health, Education, and Welfare, the Child Welfare League of America, and the Family Service Association of America have for many years recognized homemaker service as important in helping to keep families together in their own homes, and older persons to remain in familiar surroundings. Each in accordance with its function and responsibilities provides information and advice to agencies and communities about establishing a homemaker service or about strengthening practices. Information and reference material are shared, and help is given through correspondence or personal consultation. The national health agencies and the national agencies of some religious denominations are becoming increasingly interested in encouraging their local constituents to support and/or develop services. The American Public Welfare Association interprets homemaker service to public welfare officials and the American Public Health Association to the public health professions. Most of these groups include articles on homemaker service in their official publications, and many of the membership organizations include sessions on this service at their meetings.

United Community Funds and Councils of America offers consultation services on methods of planning and developing homemaker or housekeeper services and on problems of financing such services. It maintains a central reference service which makes available literature and reports, developed both nationally and locally, for loan to member united funds, community chests, and community welfare councils. These include studies of need and administration which have been made by local community welfare councils. In general, the services of this organization relate to community organization methods rather than the technical aspects of homemaker service.

² See "Homemaker Service," *Social Work Year Book* 1957, pp. 288-9.

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Provisions in the Social Security Act

The Social Security Act includes provisions under which the U. S. Department of Health, Education, and Welfare can make federal funds available to states to help provide care to individuals and families in their own homes through the Bureau of Public Assistance and the Children's Bureau.

Under the public assistance provisions of the Act (Title IV) administered by the Bureau of Public Assistance, states may receive federal matching of funds expended in providing help to recipients of home care services in two ways: by providing the cost of such services in the money paid to the family or individual, or by providing an agency homemaker service. In the former, the states determine the range of special services (housekeeper, homemaker, maid, nursing, and so forth) which they will include in their standards of assistance. The family or individual then makes his own arrangements for the type of the service needed. Where homemaker service is available from another agency, the client may purchase such service. This potential for obtaining home care services through the public assistance programs has existed since federal funds became available to match the state expenditures for the assistance payments.

Federal funds match 50 per cent of the administrative cost for homemaker services provided to public assistance families and individuals by a homemaker service operated by a tax-supported agency. During the past few years there has been increasing interest in and development of homemaker service in public welfare agencies to serve families and individuals receiving public assistance. Homemaker service projects have been established in a number of agencies and several other agencies are in process of establishing such services. There is increasing use of homemaker service for the aged and disabled, as well as for families with children.

The Bureau of Public Assistance has issued a policy statement (*Handbook of Public Assistance, Part IV-4000, 4521*) for the guidance of state welfare agencies who wish to

secure federal participation in costs of homemaker service for public assistance clients. Consultation on homemaker services is available to state welfare agencies.

Under the child welfare services provisions (Title V) administered by the Children's Bureau, grant-in-aid funds are made available to states for the purpose of establishing, extending, and strengthening services to children. Some homemaker services have been established through such grants.

National Conference on Homemaker Services

The National Conference on Homemaker Services, initiated by the Children's Bureau at the request of the National Committee on Homemaker Service and held in Chicago in February 1959, was a cooperative effort under the joint sponsorship of 8 units of the Department of Health, Education, and Welfare, and 26 national voluntary agencies. Its executive secretary was provided by the U. S. Public Health Service. It had but one objective—to stimulate the development of homemaker services throughout the United States.

Work toward fulfillment of this objective began one and one-half years before the Conference was held. During this time agencies operating a homemaker service participated in a nationwide study. Experts from various professional disciplines and from industry, labor, and insurance took part in pre-conference discussions in Chicago, Cleveland, Denver, New York, Raleigh, San Francisco, and Trenton. Five preconference publications were distributed prior to the Conference.³

Approximately 300 delegates from 34 States, Hawaii, the District of Columbia and Canada participated in 20 Conference discussion groups each of which considered some specific aspect of five main questions: What distinctive needs and purposes can be met by homemaker service? Who needs homemaker service? How should homemaker services be planned and organized? What is good administration in homemaker services?

³ See first five titles listed under U.S. Department of Health, Education, and Welfare, *infra*.

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How can community understanding and support of homemaker services be developed?

The Conference was a milestone in the development of homemaker service. It provided the first opportunity in the United States for representatives of local, state, and national agencies and groups who must take responsibility for the development of homemaker services to consider problems and questions inherent in the Conference's objective.

A large number of delegates (88) came from the voluntary and public agencies that operate homemaker services. Many also came from agencies, particularly departments of public welfare (43), interested in setting up new services. The other delegates represented national health agencies, church groups, health and welfare planning councils, health departments, medical societies, schools of social work, insurance companies, and labor and industrial groups. The delegates included board members, administrators and directors, supervisors, caseworkers, physicians, nurses, medical social workers, rehabilitation specialists, occupational therapists, home economists, and nutritionists.

The conclusions and recommendations adopted by the Conference sponsors on the basis of discussion group reports will give direction to the promotion and development of homemaker services throughout the country. They cover definitions, auspices, and scope of programs, personnel policies, homemaker programs and health services, cost and financing (including fee policies), studies, demonstrations, and operating statistics, and expansion. Because of limited space only a few of the most important conclusions and recommendations⁴ can be included in this article:

"Every community should have homemaker services. . . .

"Homemaker services may be provided satisfactorily in a variety of settings. . . .

⁴These recommendations have been approved by the Conference sponsors for inclusion in the Conference Report, which will be available from the U. S. Government Printing Office, Washington, D. C. Publication date had not been set when this article was prepared in July 1959.

"Homemaker services should be available to individuals in all economic and age groups. Those able to pay for the service, in whole or in part, should do so.

"Arbitrary limitations on the number of hours, frequency, and period of time a homemaker may serve a family are undesirable. . . .

"Public welfare agencies should liberalize their policies to recognize homemaker services as a basic need in all their programs and should provide homemaker services to persons with marginal incomes who need the service, but do not qualify for public assistance. Where the public agency is the only agency capable of carrying such a service, it should be community-wide and serve all income groups.

"Inasmuch as 83 per cent of families who received homemaker services in the 1958 study had an ill member at home and an additional 10 per cent had a member in a hospital, homemaker services should be considered an integral part of medical care—as are nursing, medical and psychiatric social work, physical, occupational and speech therapy, and other ancillary services.

"The National Health Council should call together a small committee including . . . to draw up guide lines and recommendations concerning permissible limits of personal care to be given by homemakers and suitable requirements for supervision.

"Since most of the families receiving homemaker service have at least one ill member, health insurers are urged to study the possibility of offering protection against the cost of such services.

"All States should develop a State mechanism for promoting homemaker service by providing support for local planning and stimulating activity where there is none locally. . . .

"Agencies of the Federal Department of Health, Education, and Welfare should continue, expand, and coordinate consultative services, and make a more extensive investment in support of such services.

"National voluntary health and welfare agencies need to intensify their interest in homemaker services and stimulate their local affiliates to organize or support these services. . . .

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"The Executive Committee of the National Conference on Homemaker Services, reconstituted and expanded to provide a balance between health and welfare interests, should be continued in existence for an undetermined time to facilitate the implementation of the Conference recommendations and to consider what continuing national mechanism is needed to promote and coordinate Homemaker Services."

Homemaker Service Available

Homemaker and Related Services, 1958, a directory of agencies providing homemaker service, was one of the preconference publications prepared for the National Conference on Homemaker Services.⁵ It lists 145 services operated in the United States, of which 34 are operated by public welfare agencies. Of the 111 voluntary agencies listed, 51 are family service agencies, 3 are children's agencies, 39 are combined family and children's agencies, 5 visiting nurse services, and 13 are others. The latter include health service agencies and agencies whose primary function is to provide homemaker or related services.

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ADELAIDE WERNER

HOUSING AND PLANNING. Housing has become the major domestic problem on the American scene today. The other necessities, food and clothing, are found in ample supply; only shelter remains inadequate.

The "housing problem" of America bears heavily on our entire social and economic structure. The house, the home, is the immediate environment into which our citizens are born and around which their early formative years are molded. The home environment goes beyond the front and back doors and extends into neighborhoods. Neighborhoods overlap other neighborhoods and eventually the whole city is encompassed. The interdependence of good housing and good neighborhood and city planning is inescapable.

This is not new. The colonizing Spaniards

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came to the new world with town plans. They built central plazas with the seat of government at one end and religion at the other, with commercial facilities in between and strings of housing radiating from this core. The village green characterized the towns of early frontier days. But the coming of the industrial revolution with its factories and railroads produced congestion and overcrowding. These conditions became the forerunners of the urban slums of today.

Good housing by today's standards means a dwelling that is structurally sound, equipped with essential utilities and furnishings to encourage healthful and sanitary living and to permit minimal comfort. It should be spacious enough to permit sleep and relaxation, preparation of food and care of personal belongings and clothing, performance of habits of personal cleanliness, enjoyment of recreational and social existence, and freedom from moral and physical dangers.

Housing is a durable product. It differs from other economic commodities particularly in its cost. For most families it represents their largest current expenditure after food and the greatest capital investment of a lifetime. It has the characteristic of immobility, of being linked to the land. Neighborhood improvements and community facilities become rooted around it. Change in land use is slow and old patterns linger on. The buildings and public improvements, which are just as durable, are not readily adaptable to the quantity and quality changes of new generations. The fluidity of population movement in and out of fixed brick and mortar piles emphasizes this rigidity. Economic fluctuations affect the housing product more severely than other commodities because of this immobility, with the result that risk capital shies away. The city of today finds itself beset with an over-population of low-income families and a shortage of land, principally because of these established and fixed patterns. The flight to suburbia, so rampant in every growing city today, has been the avenue of escape from these vexations of unplanned and arrested growth, congestion, shortages of amenities, and lack of traffic access.

Bad planning or no planning at all has caught up with American communities large and small, old and new. The crying need for better city planning, the formulation and enforcement of housing codes, the elimination of what was once acceptable housing but are now slums, have become the major concern of our cities. Most of the wealth of America is in its cities. Most of the wealth of the cities is in residential structures and their related utilities and facilities. The value of dwellings alone stands at over \$300 billion. It is the largest single item in our national wealth and accounts for one-fifth of our capital expenditures each year. Yet in spite of the technology and productivity America is famous for, the present supply of housing does not meet the requirements of all consumers.

The planning movements observable today are chiefly the product of foundations, universities, and a very limited number of professionals. Their emphasis has been principally on theory and education and insufficiently on action. The American Institute of Planners and the American Society of Planning Officials are constantly striving to improve planning on local fronts. Zoning activities and master planning have produced a framework for some immediate results but the task of putting needed and known improvements into effect has not universally begun.

The tendency is to ignore social aspects. Racial problems have been brushed aside. The rights and benefits which should accrue to masses of people are subject to the tyranny of political entities who are eager to preserve the status quo. A regional approach to the problems of city and suburban growth is long overdue.

The impact of America's rapid population growth heightens the compulsion for some total solutions to these problems of central city obsolescence, increase of slums, unplanned suburban growth, inadequate rate of residential construction starts, lack of metropolitan planning, and disregard of social aspects. The U. S. Census Bureau has recently raised its forecasts for the future population of the United States: by 1980 the population is expected to be 260 to 275 million, an

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increase of 85 to 100 million from today's level. (In June 1959 the Census reported a population of 177 million.) Of this huge population increase, 90 per cent will go into metropolitan areas which now contain approximately 100 million people. These areas will double in size during the next 20 years.

The present policy of governmental assistance to the home-building industry is primarily in the direction of private enterprise housing. Private housing starts have averaged over a million units per year since 1954. In that same period less than 100,000 units of public enterprise housing has been constructed. These figures indicate that the government-aid formulas of today are not geared to the people who need housing most.

Charles Abrams, in his *U. S. Housing—A New Program*,¹ has proposed a re-examination of the basic aims of our housing policies, and cites ten points around which programs should be geared:

"1. *A housing program within the framework of our institutions.* We are fundamentally a Nation of private entrepreneurs, accustomed to risk and stake, not bounties and paternalism. A housing program designed to benefit lenders and builders primarily and the American people only incidentally, should be as repugnant to our ideals as if we built schools primarily for the benefit of the contractors rather than the children.

"2. *A sound home-ownership structure.* Every family should have access to sound ownership on reasonable terms.

"3. *A sound mortgage structure.* This means a competitive market for those who can pay the going interest rates, and, for others, mortgage funds on terms within their means.

"4. *A housing inventory offering reasonable freedom of choice.* This requires housing for non-average as well as average families under a varied system of tenures including tenancy and cooperatives as well as ownership.

"5. *A more effective building industry.* This calls for widening the market for private builders so as to include low and moderate-income families, a high and stable level of construction and an improved product.

¹ See Abrams, *infra*, pp. 5-6.

"6. *Effective city planning.* This means planning that will define its goals, salvage our cities and regions, and make our cities and suburbs more interesting to live in.

"7. *A realistic slum clearance program.* Instead of wholesale demolition of shelter and mass eviction of the occupants there should be enough new construction to make the slums obsolete in the long run.

"8. *A socially sound public housing program.* This means an end to the institutionalized approach and the building of homes in neighborhoods—homes the occupants can take pride in and look upon as their own.

9. *A stabilized real estate pattern.* This implies a nation of socially sound communities in place of the homogeneous formations with their tensions and threats to neighborhood stability.

10. *Freedom of movement.* This means an end to racial isolation in neighborhoods of housing famine, of arbitrary zoning laws and other restrictions that check free access to areas of better opportunity."

As aims, these ten points embody a philosophy that should dominate the legislative realities of any total approach to the housing problems of the country. They supplement the "Declaration of National Housing Policy" in the preamble of the Housing Act of 1949 which states that "the general welfare and security of the Nation and the health and living standards of its people require housing production and related community development sufficient to remedy the serious housing shortage, the elimination of sub-standard and other inadequate housing through the clearance of slums and blighted areas, and the realization as soon as feasible of the goal of a decent home and a suitable living environment for every American family, thus contributing to the development and redevelopment of communities and the advancement of the growth, wealth and security of the Nation."

Developments of 1958 and 1959

The federal government first stepped into the housing picture 27 years ago when it sought to bail out lending institutions and defaulted mortgagees caught in the economic

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collapse of the great depression of the 1930's. Despite the efforts made in the years since then, housing shortages have grown more critical as building costs have continued to rise. The Boeckh indexes of construction costs (1947-1949=100) in 1957 stood at 141.2. Costs of construction went up as much in the first five months of 1959 as they did in all of 1958 and registered 4.1 per cent over the year before. According to the 1950 census of housing, 15.3 million dwelling units were dilapidated or sub-standard. A spot study of housing for 7 metropolitan areas made in 1956 revealed that slums were growing as fast as they were being eliminated by urban renewal, the federal highway program, and other government action. In the face of conditions such as these that point to ever-recurring crises in housing for the years ahead, it would be expected that the federal government would be devoting its attention to increasing the housing supply and reducing the shortage. But quite the contrary is taking place, and the inevitable day is being postponed when the country will have to face up to realistic, bold action in rehabilitating our cities and providing decent shelter for all families.

In 1958 the second session of the 85th Congress failed to pass any housing legislation. The Housing Act of 1958 was successfully impounded by the Rules Committee and failed by six votes when it sought passage under a suspension of Rules of House procedure. So far as public housing was concerned little would have been accomplished had the measure passed, since the bill proposed only to extend for another year the units authorized by the Housing Act of 1956. The only housing measure that succeeded in this session was an extension of the FHA program whereby the federal government insured mortgage risks and permitted builders to proceed with only a minor investment. The sole remaining element of risk was the 10 per cent down payment of the home buyer. The year 1958 was marked by no legislative progress whatever in the national effort to reduce slums and re-house displaced or needy fam-

ilies who were unable to meet the rising costs of private enterprise housing.

With the convening of the 86th Congress in January 1959, a strong beginning was made by a majority of newly elected liberals in both the Senate and House to remedy the lack of housing legislation of the year before. The proposals of the Administration were limited to a token urban renewal program for the rehabilitation of cities and no public housing at all. Beyond that, its recommendations were in support of additional private enterprise housing and rising interest rates. Without regard for the proposals of the Administration, committees of Congress formulated a housing bill which was designed to reactivate the public housing program as it was conceived in the 1949 Act by Senators Wagner and Taft. The bill called for a return to local control of the program and a lessening of over-federalized interests. The measure would have enabled cities to proceed with urban renewal at a rate consistent with the impetus the program had achieved after 10 years of slow, systematic growth and acceptance. The plight of elderly families was recognized and especially those whose social security benefits were insufficient to meet today's housing costs. The unmet needs of upper-middle-income families who could qualify for lower priced cooperative housing would also have been met. Private enterprise housing formulae were liberalized with lower down payments and extended mortgage payments. Mortgage money at reasonable rates could have become more plentiful. This omnibus bill was designed for as total an approach as circumstances permitted to the nation's housing problems in 1959. It would have moved the housing industry in the direction of working toward the minimal annual needs of the nation for 2 million new homes a year. However, on July 7 President Eisenhower saw fit to veto the bill.

The Congressional leadership drafted a second scaled-down measure which passed the Senate and House. This too was vetoed. A third bill was readied which met the President's desires and was signed into law on September 23, 1959. The measure continues

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the going programs for another year. A total approach to the nation's most acute domestic problem is not provided but the fragments assure token progress. The rise in interest rates contained in the Housing Act of 1959 will push the prices of new homes upward and further out of reach of the majority of America's families, especially the low-income, the middle-income, the large, the migrant, the elderly, and the slum dweller families. The tight money policy prevailing today is certain to affect economic growth and cause a decline in the rate of housing starts for 1959.

Government in Housing

The compartmentalized structure of government in housing militates against a total approach to the nation's housing problems. A strong administration of the present policy as enunciated in the 1949 Act, which is geared to the general welfare, could serve to control any pressures of vested interests for or against any particular program. The absence of a single responsible interpreter of national policy sharpens the conflict between income groups and permits conflicting approaches to what is essentially a common problem.

The first tool in the present national kit for housing was contained in the Federal Home Loan Act of 1932 creating the *Federal Home Loan Bank Board* as a credit reservoir for lending institutions in the depression. *The Federal Home Loan Bank System* (parallel to the Federal Reserve System for regular banks) is part of the Home Loan Bank Board and insures deposits in home financing institutions. Through regional banks the Home Loan Bank System charters and supervises federal savings and loan associations and pumps deposits and loans back and forth through the arteries of a considerable part of the home production industry. Once a constituent agency of the Housing and Home Finance Agency (HHFA) ² it became independent of HHFA

² This Agency in 1959 contained five constituent units: the Federal Housing Administration, the Public Housing Administration, the Federal National Mortgage Association, the Community Facilities Administration, and the Urban Renewal Administration.

through legislative action in 1955. It continues its contribution to housing in the area of conventional housing loans with credit aids.

In 1933 the *Home Owners Loan Corporation (HOLC)* was created to give direct aid to distressed home owners. After serving its emergency purpose it was liquidated in 1951. From 1933 to 1936 the HOLC refinanced 1,017,821 home owners in danger of foreclosure of whom more than 80 per cent were able to save their homes. On its liquidation the Corporation paid back to the U.S. Treasury its initial capital, all its operating costs, and a profit of \$14 million. It also retired its own bonds issued in the total sum of \$3,849,000,000.

The *Federal Housing Administration (FHA)* was created in 1934 with the passage of the National Housing Act. It organized a system of mortgage insurance which, more than any other form of aid, has stimulated privately financed home construction. The FHA lends no money; it insures loans made by regular home financing institutions when the dwellings to be mortgaged meet certain minimum standards of design, construction, and neighborhood. In 1957 (the latest year for which statistics are available) the FHA insured 202,454 mortgages. It also: (1) Insures loans for home improvements and makes possible easy credit on homes in need of repair. In 1957 these loans totaled \$868.6 million and covered 1.1 million loans. (2) Insures loans for multifamily rental housing. In 1957 these loans amounted to \$597 million on a total of 43,609 units. (3) Insures mortgages on cooperative housing. In 1957, mortgages on 310 housing projects containing 8,559 living units were insured in the total amount of \$110.3 million. (4) Insures military housing. By the end of 1957, 260 projects totaling 95,145 housing units had been approved. Under this same program insurance may be written for homes built for sale to essential civilian employees at military installations. (5) Insures housing for the elderly. This program activity was begun in 1957. By the end of that year, 12 commit-

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ments had been issued totaling \$14.8 million, involving 1,783 units.

Under Section 220 of the Housing Act, the FHA is able to assist the urban renewal program in its redevelopment and rehabilitation efforts to improve slum areas. At the end of 1957, \$89.3 million were committed representing 8,008 units of new multifamily rental projects, \$11.7 million on 1,124 new sales type homes, and \$135,000 on 15 existing homes. Under Section 221 of the Housing Act, the FHA issues insurance on homes for families displaced by the urban renewal program. At the end of 1957, commitments had been issued totaling \$35.3 million on 4,254 units, most of which were single family houses.

From the very beginning the FHA operation has been most conservative and has been conducted primarily in the interests of the mortgage lender and the builder. The mortgage risk has been taken over by the FHA program. The program has consistently served only the upper and middle-income groups of the population. For this segment of our people the FHA has provided a helpful consumer service and a substantial prop to the whole economy. From June 1934 to the end of 1957 the aggregate insurance volume of FHA under all its programs totaled \$47 billions. This covered 4.4 million home mortgages and 732,600 units in multifamily dwellings. Losses to the mortgage insurance program to date have been infinitesimal. The agency, recognizing the limited role it has played in the solution of the over-all housing problem, concludes the summary section of its 1957 annual report with the following words:

"... Although we have made real progress toward achieving our goal of a 'decent home in a suitable living environment for every American family,' there still is much to do. Thus, while the increase between 1950 and 1956 in the number of units in good condition and with all facilities was great enough to house the entire increment of households during the period and in addition to rehouse 3 million families that had been living in what were substandard accommodations,

there were at the end of 1956 still many units that were either dilapidated or lacking one or more basic plumbing facilities. There is probably not a single American city which still does not have some slums and blighted areas which need to be cleaned up. What is more, not all the blight is confined to our cities. Some of the most distressing conditions are to be found in some of our open country slums. In addition to the job of eliminating blight and cleaning out our slums, we still have much to do in providing better housing for the elderly, for minorities, and for persons of low income. When we consider in addition the fact that the 1960's will witness an upswing in family formation, it becomes at once apparent that the size of the task ahead will be even greater than that which we have faced to date. Large as the challenge before us may seem, however, there is every expectation that with the continued effective teamwork of private enterprise, labor, and government the years ahead will witness continued progress not only in meeting current housing requirements but also in raising the whole level of our housing standards."

The *Voluntary Home Mortgage Credit Program* helps make money available to people in small communities, and for minority groups in any area, who cannot obtain loans on terms as favorable as are generally available to others in the area. Its sole function is to get a loan application into the hands of a willing lender. From the beginning of the program through 1957 a total of 29,439 loans had been made possible through this program, representing a dollar investment by private lenders of \$284,017,033. The program has been primarily of service to families of modest means.

The U.S. Housing Act of 1937 provided the basic procedures for slum clearance and low-rent public housing, administered by the *Public Housing Administration*. Its purpose was to serve the lowest income families living in substandard shelters under slum conditions. The basic concept of the Act is still in force with minor variations.

This is the most controversial of the federal housing programs because it requires outright cash subsidies to local housing au-

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thorities to compensate for the difference between what low income families can afford to pay for rent and what is required to operate a low-rent project. This program was depression-born. It has become a necessary part of the American scene. It has demonstrated that the underprivileged will pay rent and live as decently as other citizens. The opponents of the program frequently term it "socialized housing" and seem to forget that mortgage insurance under the FHA and Veterans Administration (VA) systems are just as socialized, that losses have become socialized under the Federal National Mortgage Association (FNMA), and that credit aid has been socialized under the Home Loan Bank System. The private enterprise formula which characterized the home building industry before government began its role in housing no longer functions in our economy.

In 1933 the Public Works Administration made a first step towards this program by constructing 21,800 homes in 51 scattered developments. This originated as a pump primer to the construction industry and was intended to provide jobs for the unemployed. These units have since been disposed of or have been acquired by local housing authorities and continue to serve low-income families. Projects are owned and operated by local housing authorities created under city and state statutes.

The functions of the Public Housing Administration are to create and enforce minimum standards and approve plans; to extend or facilitate construction loans on approved plans; to provide subsidies in order to achieve low rents; and to audit management operations. Local communities must request such housing and provide its own share of subsidy by a grant of tax exemption. Local projects pay to the city 10 per cent of the shelter rent collected in lieu of taxes, which in every instance provides greater local revenue than was previously received from the sites when they were acquired. As of September 30, 1958, 990 local authorities in 45 states, Puerto Rico, and the Virgin Islands were engaged in the program. They managed 437,103 units. The accomplishments of the program are

well reflected in the report of the PHA for the year 1957. The median family income was \$1,943. The mean number of minors per family was 2.38. Twelve and one-half per cent of the heads of these families were 65 years of age or older. Veteran families comprised 35.1 per cent of the total. Families receiving assistance and benefits totaled 38 per cent.

In recent years this program activity has dwindled to a mere trickle of units placed under contract. Increased domination of local authorities by the federal agency and the stated opposition to the program by the Administration in power accounts primarily for the withering process. Powerful lobbies of vested interests on the national front also contributed to the decline. Those who have been opposed to any expansion of the low-rent public housing program included the National Association of Real Estate Boards, the U.S. Savings and Loan League, the National Association of Home Builders, and the Mortgage Bankers Association. The efforts of these groups were countered by the National Housing Conference, a citizens organization which serves as a clearing house for other public interest groups, including branches of organized labor, veterans organizations, and some forty other national religious, civic, social, and women's organizations. Organizations of municipal officials, mayors, and others joined with the Conference in seeking over-all legislation which would attack the housing problems of the country on all fronts.

The public housing program has made a telling contribution to helping resolve the nation's housing problems. It has become so strait-jacketed, however, that it has lost its flexibility in meeting changing conditions and times. The program remains a strictly rental housing program. Efforts have been made to remove the uncertainties of tenure from the program so that a family is not compelled to leave the project when it improves itself. Too often it can only return to the slum from which it came. Public housing projects need not be institutionalized poor houses and should fit into neighborhoods and cities in the same way as private enterprise housing.

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Conceivably, as the need for public housing is reduced, they could become part of the cooperative housing program. But most of all the program should be expanded to increase the supply of housing available to low income families in order to reduce the competition for slum dwellings.

The *Federal National Mortgage Association* (FNMA) is another tool of the government designed to aid the financing of homes. It provides supplementary assistance to the general secondary market for home mortgages by providing a degree of liquidity for mortgage investors. FNMA purchases FHA-insured and VA-guaranteed mortgages in areas where, and at times when, investment funds are in short supply and by selling the mortgages in areas where and when investment capital is available. During 1957, 10,032 mortgages were purchased totaling \$132 million.

The *Community Facilities Administration* is one of the five constituents of the Housing and Home Finance Agency. It provides financial assistance to communities for the advance planning and construction of essential public facilities and installations. The program is essentially self-liquidating through repayable loans and advances. Aside from its public works planning function and loans for the construction of needed public works, it also makes loans to educational institutions of higher learning to finance student and faculty housing and related services and facilities, as well as to hospitals for financing housing for student nurses and interns. By the end of 1957, 518 applications for public works planning had been approved for \$12.7 million on estimated construction costs of \$700 million. By 1957, 602 college housing loans had been approved for a dollar amount of \$583.4 million.

The *Urban Renewal Administration* provides federal aid to local communities for slum clearance and urban redevelopment. This portion of the Housing Act has grown in importance with the years. First contained in the Housing Act of 1949, it was broadened by the amendments of the Housing Act of

1954 to require communities to develop comprehensive "workable programs" to combat and prevent blight and slums. It has long been recognized that slum elimination must be one of our major goals if American cities are to be saved and their inhabitants protected. Reliance for doing this job was placed on local redevelopment agencies, authorized by state legislation and equipped by that legislation to take title to private property by the exercise of eminent domain. The HHFA was authorized to extend aid in the form of technical advice and loans and grants of funds to enable local agencies to pay for the land, clear it, and sell it or lease it to either private or public users. By the end of 1957 the total number of projects amounted to 491. Capital grant reservations outstanding at the end of December amounted to \$1,015 million. Applications were being received at the rate of \$40 million per month.

Progress under the urban renewal program has not been impressive. As of this writing only 13 redevelopment projects have been completed, i.e., land acquired, cleared, resold, and all accounts closed. This record can be accounted for by the natural growing pains of a new pioneering venture. But enlightened business leaders have been educated enough in the potentialities of this program to realize that it contains the key to the survival of our cities, and the only known formula for the prevention of urban decay. Although its concept is broader than housing it is inseparable from housing because the state of our dwellings and the state of our cities are one and the same thing. People live in both. Relatively minor deterioration and obsolescence in a city's residential parts can have major economic repercussions on the whole urbanized area. Next to employment, where people live and how they live constitute the most important feature of any urban policy.

Earlier it was stated that 90 per cent of our population will soon be living in cities. Yet nothing is being done today to face up to the consequences of what this means to present and future generations. Administration

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policies of the day, in a *laissez faire* attitude, are concerned with perpetuating and magnifying the demonstrated inability of private enterprise to meet the housing challenge. The dependence on central government is demonstrated in the federal government's assumption of all the risks of home building. But this dependence is rejected when it comes to the kinds of communities we need that will meet the requirements of new quantities and qualities in American life. Research and study are necessary to evaluate the social consequences of our present programs and any alternatives that may be available. What is needed is an intensive and aggressive program for using our intellectual resources in place of the attitude of *laissez faire*. It is difficult to understand how anybody can fail to recognize that we live in an era in which the federal government commands the major resources of our civilization and in which the executive branch is the major instrumentality for arousing initiative and action. The transparent attempt of the present Administration to repeal established programs is a clear demonstration of a failure to face up to the national issues on our doorstep. Above all there is needed this national recognition for a recasting of our total approach to housing based on the general welfare instead of the jumbled conglomeration of federal aids that have been spawned by the greater pressures of the few. Those who are concerned with health, welfare, education, highways, and housing need to combine their resources to obtain this national recognition. The initiative and leadership that is necessary could best be supplied by a Secretary of Urban Affairs in the Presidential cabinet, to represent the urban population and its elected officials.

The experience of government in housing and planning over the past 27 years should have made clear to everyone that housing is as essential a necessity as food and clothing. To turn it on or off as private pressures and vested interests dictate is a violation of the security and the fulfillment of life's purposes which is every man's due under our democracy.

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FRANCIS X. SERVANTES

INTERGROUP RELATIONS. The term "intergroup relations" designates (a) those aspects of the structure and functioning of our society that involve the mutual respect, harmony, and cooperation (or mutual antagonism) and relative social status of distinguishable groups, particularly racial, ethnic, or religious groups; and (b) purposeful activity directed toward developing and maintaining wholesome internal relations within the community. Essentially the same activity has been designated as race relations, inter-religious relations, intercultural education,

† For addresses of periodicals listed see Appendix. U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

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civic defense or civic protective work, community relations, and human relations.

Nature, Scope, and Philosophy of Intergroup Relations

The problems of *prejudice* (that is, unfavorable social attitudes) include all shadings of feelings of difference, distrust, dislike, fear, or even hatred, on the part of a member of one group for a member of another group, or for the group as a whole, on the basis of group identification as such rather than any experience with or judgment of the persons involved; that is, reaction to a *stereotype*, rather than consideration of individual merit or characteristics. Intergroup *defamation* may take the form of thoughtless circulation of unfavorable stereotypes, or it may be more overtly hostile, involving malicious and organized dissemination of charges, attacks, and propaganda. Other problems include acts of *violence* and incidents of *vandalism* or *terrorism* on the basis of group identification, continuing *tension* states, and *discrimination*, which may take the extreme form of *segregation*, and may be practiced openly or in subtler forms. Where a dominant group practices *repression*, segregation and various forms of discrimination may be enforced by law, including limitation of the franchise and restrictions in employment, access to educational institutions, housing, and public accommodations such as hotels, restaurants, recreational facilities, or transportation; or there may be deprivation of rights through unequal administration of justice.¹

The listing of problems, however, suggests a defensive and partial approach to intergroup relations, one which is being succeeded generally by positive programming based on mutual acceptance of all groups and recognition of the value to society of diverse cultural contributions. While many serious problems continue to occur, and it is essential that these be dealt with, increasingly the field of intergroup relations is turning its attention to the prevention of incidents and the pro-

motion and maintenance of healthy community interrelationships.

The aims of intergroup relations work are derived from the fundamental belief of most American citizens in freedom and equality for all men. This ideal, set forth in the Declaration of Independence, is bolstered by strong religious sanctions.² To the extent that there are imperfections in social attitudes and conduct in our society—and these are many and serious—they reflect for the most part individual psychological difficulties, tension-producing social conditions, outworn local traditions, inadequate education, vicious demagogic appeals, or some combination of similar causes. Intergroup relations work seeks to remove or circumvent the barriers limiting the full expression of democracy, in order to bring the general pattern of social conduct into line with the accepted values and standards.³

Major Current Issues

The long-range trend has been toward great improvement in intergroup relations. Since World War II the concept of innate inferiority of races has been thoroughly discredited, not only in academic circles but also in popular thinking. Members of minority groups have been accepted in recent years in occupations, residential areas, recreational facilities, and public accommodations which were formerly barred to them. Court decisions and changes in laws have removed many forms of injustice and discrimination formerly enforced by law or administrative regulations. Lynchings, common twenty-five and more years ago, have lost popular support, with none from 1955 until the spring of 1959. Despite flare-ups, other forms of violence and terrorism have declined greatly. Intergroup defamation and organized hate propaganda are less widespread and less credulously accepted than in the past. Many of the major civil rights have been guaranteed by law in a number of states against private deprivation or interference. There has been a heartening

² See, for example, Vorspan and Lipman, *infra*.

³ See, for example, Myrdal and Fineberg, *both infra*.

¹ For a discussion of problems, see Simpson and Yinger, *infra*.

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increase in mutual understanding and acceptance among all groups. Agencies prepared to deal with problems of intergroup relations have multiplied, gained experience, increased in community confidence, and grown in professional skills and lay leadership.

These gains represent significant progress, but the need for further improvement is most urgent. Segregation and enforced inequality of rights and opportunities for Negroes still prevail in the South. Old prejudices against Chinese and Japanese still exist on the West Coast, against Indians in the West, against Spanish-speaking people in the Southwest, and among the various religious groups against those whose beliefs and practices are different. There has also been a displacement of discrimination from formerly disadvantaged groups to new targets for intergroup hostility, with Puerto Rican newcomers in some cities becoming the most disadvantaged group as Negroes improve their economic and social status, just as earlier the Negroes became the principal sufferers as immigrant Jewish and Irish groups gained social acceptance.

The over-riding problem of intergroup relations in the United States in the past decade and the foreseeable future is one which has been precipitated by a great advance: the last-ditch resistance of many people in the South to the abolition of segregation in the public schools, in accordance with the ruling of the Supreme Court that segregated schools are inherently unequal, hence unconstitutional.⁴ While initially a few indigent voices were heard urging moderation and compliance, and a few school districts, mostly in border states and having few Negro children, took steps to integrate schools, the prevailing reaction in eleven Southern states was a popular demand, often initiated by political leaders, for widespread resistance. Legislatures devised laws to circumvent the Constitution of the United States by barring funds for integrated schools, requiring elaborate referenda or limiting local autonomy, financing and encouraging the formation of

"private" schools open only to whites, and shutting down schools which desegregate, even under federal court order. First Arkansas, in violent action requiring the intervention of federal troops, and then Virginia persisted to the point of actually closing public schools to avoid integration.

As laboriously pressed legal steps to implement constitutional guarantees of equality have struck down some of the more hastily erected bulwarks of "massive resistance," the less violent segregationists of the South have been turning to "pupil placement" laws that utilize the lower educational achievement of children subjected to segregated schools to bar their entry into schools attended by whites; diehards are dissatisfied with these laws, since they may not prevent token integration. While there is some indication that the general resistance is crumbling, and increasingly parent groups are taking steps to prevent school closings, the situation in the spring of 1959 still was that, in contrast with progress in the District of Columbia and the border states, in the South there was no integration at all in the schools of six states and only token integration in other scattered districts.

In the train of a social struggle of such dimensions have come organized violence, terrorism including the bombing of schools and religious structures, economic boycott, and new forms of discrimination against Negroes and others who dare to endorse the campaign for continued progress toward full equality. Powerful political leaders have formed "White Citizens Councils" dedicated to preserving segregation. The problem has reverberations nationally, being reflected in party platforms and in attacks on the authority of the Supreme Court. On the international scene, dark-skinned potential allies and bulwarks of democracy against communism in Asia and Africa test American pretensions to democracy by progress in solving this problem with justice. All over the world, the name of Little Rock has come to signify reaction and oppression.

Encouraged by the forward steps in recent years, Negroes and other disadvantaged

⁴ See U. S. Supreme Court, *infra*.

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groups are pressing for full equality in all aspects of American life. Incidents and tension frequently arise at the growing edges, where entrenched discrimination was previously unquestioned, as in newly opened residential areas, professional associations, and civic clubs. A particularly urgent problem arises in the "changing neighborhoods," where Negroes or other groups previously barred are moving into formerly homogeneous areas. Segregated housing is receiving increasing attention as a key problem comparable to, and interwoven with, discrimination in education in the North as well as the South.⁵

Interreligious tensions, also, have assumed a new urgency, with, fortunately, a new willingness to discuss differences candidly. Whereas earlier Protestant predominance was unquestioned in the United States, the growth in numbers and power of Roman Catholics and other non-Protestant groups has intensified cultural and other competition.⁶ Discussion of a Catholic as candidate for the presidency has focussed interest on this question. In recent years, there has been an upsurge of religious feeling and interest, accompanied by distrust of secularism as a pre-condition for communism and a factor in social disorder. Some religious groups have pressed for religious content in the public school program and in government activities. Other groups oppose such pressures as violative of constitutional guarantees of freedom of religion. Foreign policy issues also have interreligious aspects; for instance, the questions of formal United States diplomatic representation at the Vatican, and of support for the state of Israel.

Agencies and Resources

Prepared to deal with the various issues are many organizations, agencies, commissions, and committees, both voluntary and public, serving areas ranging from a neighborhood to the entire country. They differ widely in emphasis and approach.

⁵ See Abrams and Commission on Race and Housing, *both infra*.

⁶ See Pfeffer, *infra*.

Voluntary agencies are for the most part sponsored by some particular ethnic, racial, or religious group. In general, however, they devote their energies to the entire problem of intergroup relations, recognizing this approach as more effective than a narrow concentration upon the interests of a special group. Among the national agencies most active in the field are: the American Friends Service Committee, the American Jewish Committee, the American Jewish Congress, the Anti-Defamation League of B'nai B'rith, the Association on American Indian Affairs, the Japanese-American Citizens League, the Jewish Labor Committee, the Jewish War Veterans of the U.S.A., the National Association for the Advancement of Colored People, the National Urban League, and the race relations departments or commissions on social justice of the National Catholic Welfare Conference, the National Council of the Churches of Christ in the United States of America and the various Protestant denominational groups, and Jewish religious bodies. There are local branches, or similar local organizations, in many cities.

Other voluntary national agencies, such as the National Conference of Christians and Jews, are under nonsectarian auspices. Some of these are interested in intergroup relations work as this is involved in some special area of interest to which the agency is dedicated (for example, the American Civil Liberties Union). A particularly noteworthy regional nonsectarian organization is the Southern Regional Council, an association of Southerners attempting to deal with the extremely complex problems of that area.⁷ On the state and local levels, many voluntary groups with broad community representation study and act upon problems of intergroup relations, such as the Philadelphia Fellowship Commission, the San Francisco Council for Civic Unity, and the Seattle Civic Unity Council.

Many of the voluntary national organizations participate in joint efforts for specific objectives, such as the Leadership Conference on Civil Rights, the National Civil Liberties

⁷ See Dabbs, *infra*.

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Clearing House, the National Committee Against Discrimination in Housing, and the American Immigration Conference. A number of the Jewish agencies, national and local, coordinate their activities through the National Community Relations Advisory Council. There was at one time an American Council on Race Relations which attempted to bring together the intergroup relations agencies generally, but this is no longer in existence. The National Association of Intergroup Relations Officials (see section on Professional Developments, *infra*) has assumed some of these responsibilities.

Public agencies include those established by law and those appointed by mayors, governors, or the President. Their functions may be to enforce or implement specific legal provisions against discrimination or to act as advisory and consultative bodies with respect to intergroup relations.⁸ The powers of the public agencies mandated to enforce specific laws may include those to hold hearings, compel witnesses, and issue orders for compliance. In practice, the power to issue orders usually remains in reserve, and the agencies operate for the most part through investigations, conciliation and persuasion, and education, as do voluntary agencies. In some states and municipalities, however, where the laws have withheld such powers, agencies have difficulty in operating effectively.

Until 1958 there were no federal civil rights agencies other than those created by presidential executive order, such as the pioneering wartime Fair Employment Practices Commission and the present Committee on Government Contracts. Because of opposition of Southern senators, whose power is increased by Senate Rule 22 which makes closure of debate difficult, no civil rights legislation was adopted by Congress from Reconstruction days until 1957, when a compromise civil rights bill was adopted. This established a Civil Rights Division in the Department of Justice, authorized the Department to seek preventive relief through

injunction against denial of the franchise, and created a temporary Commission on Civil Rights to investigate alleged denials of civil rights. Other enforcement powers, and a section which would have empowered initiative by the Attorney General in school segregation cases, were stricken from the bill. In 1959, the continuance of the Commission was under Congressional attack but its life was finally extended for another two years. See CIVIL RIGHTS AND CIVIL LIBERTIES.

Much work supplementary to that of the intergroup relations agencies is sponsored by organizations which have some other primary purpose, such as unions, colleges and universities, schools and parent-teacher organizations, churches and church-affiliated groups, and some fraternities, particularly those with large representation of minority groups in their membership. Social agencies' policies and programs have a powerful impact on the intergroup atmosphere of a community, and an effective community welfare council can be a center for constructive planning and action for good community relations.⁹ A number of national social agencies participate in the National Social Welfare Assembly's Committee on Intergroup Relations.¹⁰

The aggregate budgets of agencies working primarily on intergroup problems can be estimated at fifteen million dollars annually, and the number of professional workers employed by these agencies is in the neighborhood of one thousand. Resources are nevertheless far from adequate to meet the needs. For this reason, the increasing interest of foundations in this field has been particularly welcome. The now-expended Rosenwald Foundation, the Field Foundation, and the Fund for the Republic are among those which have made significant contributions to intergroup relations study and programming. The Social Science Research Council has encouraged study of these problems through its Committee on Techniques for Reducing Group Hostility.

⁸ On relations of public and voluntary agencies, see National Community Relations Advisory Council, *infra*.

⁹ See, for example, Dean and Rosen, *infra*.

¹⁰ See The Assembly's report, *Integration—A Challenge to the Social Agency (infra)*.

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Approaches and Techniques

Where deprivation of the franchise and segregation or more specific forms of discrimination are embodied in state or local law, the removal of these barriers must be by recourse to law and social action. In general, voluntary community relations agencies are tax-exempt, and do not engage, as a substantial part of their activities, in legislative lobbying or political pressure. They may investigate problems, report studies of conditions and needs, supply legislative information services, engage in litigation, and file briefs amicus. A number of discriminatory provisions in state laws have been ruled unconstitutional by the U.S. Supreme Court. Similar legal barriers have been eliminated by action of state or municipal legislative bodies, but not in localities where discriminatory traditions are strongly entrenched.

Civil rights legislation in state assemblies and in the U.S. Senate has more often been frustrated by filibusters, or killed in committee, than brought to a vote and defeated. Unequal treatment by public action is not necessarily explicitly embodied in the law. It is often enforced by indirection or subterfuge. Denial of the franchise, from which many other inequalities follow, rests upon such devices as the poll tax, the restricted primary election, and discriminatory application of laws defining qualifications of electors. Social action must therefore be directed toward insuring fair administration and interpretation of laws as well as correction of those which themselves require unequal treatment.

Far more prevalent throughout the country than unfair laws are barriers to equality because of hostile or discriminatory private action, such as discrimination in employment or the dissemination of bigoted propaganda. The approach by means of law and social action is relevant for many of these problems, as well as for those embodied in the law, because many forms of commercial and other activity are subject to legal regulation.¹¹ Some Northern and Western states and municipal

ities have established administrative agencies to enforce laws against discrimination in employment (17 states and 40 municipalities by 1959), in admission to educational institutions, use of public facilities and accommodations (such as swimming pools, golf links, hotels), and so forth. Legislation against discrimination in private housing is the most recent form of such action, with New York City taking the lead in 1958, followed by Pittsburgh and by Colorado, the first state to adopt such legislation.

But many of the problems are too subtle or too diffuse for control through law or administrative regulation. Defamation of a group, for instance, in general does not fall under libel laws, and it is difficult to frame legal measures to control it which would not also impede free speech. Discrimination in employment and in education are frequently masked in plausible ways. Many problems of interreligious or interracial tensions, distrust, even intimidation, involve actions not subject to control by law. Antagonistic intergroup attitudes, which some regard as the seed-bed for overt hostile action, can obviously not be controlled by legal measures or social pressure. In fact, many of these problems are temporarily exacerbated by legislative campaigns or law suits to win guarantees of civil rights, or even by victories in social action campaigns, although it has been shown that attitudes may be improved indirectly as a result of the establishment by law of equal treatment.

For many years the intergroup relations field has turned to education, formal and informal, for amelioration of problems beyond the reach of law and as a major positive approach for prevention and the long-range development of intergroup understanding and acceptance. This is of course not incompatible with the approach through law and social action, which has valuable educational side-effects and which of necessity also involves the use of educational techniques as aids. From its beginnings in rather self-conscious instruction about the characteristics and contributions of the various ethnic groups which together built our country, intercultural ed-

¹¹ See Berger, *infra*, regarding community relations aspects of the law.

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ucation in the schools has come to be an important dimension of much teaching in all subjects at elementary, secondary, and college levels.¹² Workshops, seminars, institutes, tours, and summer camps have been employed for the development of intergroup understanding and skills among teachers, police officers, personnel workers, shop stewards and union members, clergymen and church workers, and nurses. Pulpit exchanges and interracial and interfaith panels have taken place on a large scale, going beyond the lecture platform to radio, television, and the mass media of communication generally. Books, editorials, pamphlets, and magazine articles have been written about intergroup issues and have been made the basis for informal discussion sessions. The theme of mutual acceptance has been stressed in many novels, plays, motion pictures, and songs and recordings.

Other intergroup relations techniques include investigation, exposure, and condemnation of trouble-makers, negotiation and conciliation, direct action, and various forms of community organization for improved human relations, sometimes growing out of neighborhood associations, trade groups, and broadly representative committees formed for general civic or welfare goals (for example, slum clearance, neighborhood improvement, better schools, fair trade practices).

Research and Evaluation

Intergroup relations work deals with attitudes and social conduct; hence it rests upon the theoretical base of modern psychology, sociology, and the social sciences generally. The procedures of the intergroup relations field have been subjected to searching review by a number of eminent social scientists.¹³ Organizations of psychologists (Society for the Psychological Study of Social Issues) and sociologists (Society for the Study of Social Problems) have been formed to promote the scientific understanding of contemporary social needs, including intergroup relations. A

number of agencies in the intergroup relations field have sponsored both empirical studies of fundamental assumptions and evaluative research, including notably the Department of Scientific Research of the American Jewish Committee¹⁴ and the Commission on Community Interrelations of the American Jewish Congress.¹⁵ In recent years, however, university laboratories and foundation-sponsored research have begun to deal on a large scale with problems of intergroup relations, while agencies in the field have been assuming the role of catalysts.

An impressive body of research has thus come into being. In general, some validity has been established for all the procedures and approaches developed empirically by intergroup relations agencies, but each also has been found liable to fail or precipitate an adverse reaction if used unwisely. Unfavorable intergroup attitudes have been shown to be comparatively resistant to exhortation and appeals through the mass media. Equal status contacts among members of the various racial and religious groups in school, neighborhood, recreation, and on the job, have been found particularly potent in producing acceptance and good will. Such contacts have value even when the preconditions—for example, equality of status—must be established by more direct methods of social action at the risk of bringing to overt expression social conflicts otherwise latent, dormant, or suppressed. Day-by-day cooperation among the leaders of the diverse groups for civic improvement, more quickly and easily arranged under some circumstances than widespread equal status contacts among members of the groups, also has great value.

Professional Developments

Although intergroup relations has been recognized as a special area of activity for over forty years, most of its growth has occurred since 1935. The pattern of professional development has been far different from that of social work, and many leading practitioners and

¹² See Kilpatrick and Van Til, *infra*.

¹³ See particularly Watson, Williams, Rose, MacIver, and Allport, *all infra*.

¹⁴ See Hirsh and Adorno *et al.*, *both infra*.

¹⁵ See Wormser and Selltitz, *infra*.

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administrators have questioned altogether the feasibility of professionalization. The workers in the field were originally drawn from a number of different disciplines: teaching, social work, law, religion, public relations, the social sciences, union leadership, industrial management, personnel work, journalism, and public administration, to name only some of those most frequently represented on agency staffs. Furthermore, the larger national agencies maintain specialized staffs, so that a lawyer drawing up briefs or a writer producing materials on intergroup problems may think of himself primarily in terms of his craft rather than as an intergroup relations professional. With the exception of still-experimental programs at human relations centers in a few universities (such as New York University, Boston University, the University of Pennsylvania, and the Florina Lasker Fellowships at Brandeis University), there has been no preservice training available for the field, and little inservice or supplementary training except incidentally through agency induction programs and staff conferences. (Annual summer institutes, first at Fisk University and now also at many other centers, and a new internship program administered by the National Association of Intergroup Relations Officials, have made a beginning toward filling the needs.) Most of the local voluntary agencies have small staffs, many with lone professionals operating without professional supervision. Lay committees have had little regard for professionalism, and political pressures have been known to dictate appointments to public agency staffs. Programs have often been improvised to meet crisis situations. Institutional rivalries have at times impeded interagency cooperation.

But growing emphasis in all fields on prevention, forward planning, and integration of services has stimulated movement towards professionalization. Scientific research has bolstered the theoretical foundations of the field and has brought a large measure of agreement on basic approaches. There has been growth in the number of agencies and staff members. Professionals have entered the

field from more highly developed disciplines. Funds for agency operations are being budgeted systematically. Articulate and forceful demand by minority group members for a further closing of the gap between America's preaching of democracy and our social practices, heightened tensions in some regions, and a growing awareness that the imperfections of American democracy endanger the United States in the worldwide ideological struggle with Soviet Communism, have increased the sense of urgency about intergroup relations work. This has in turn led to better salaries and a search for qualified personnel.

One of the most significant steps in the professionalization of the field was the formation in 1946 of the National Association of Intergroup Relations Officials (NAIRO), which has grown to a membership of 500. NAIRO has adopted a statement of professional standards, supplies an annual forum for discussion of trends and developments, issues publications (the *NAIRO Reporter* and the *Journal of Intergroup Relations*), and has established the rudiments of professional placement service for the field. Workers from all types of public and voluntary agencies take part in NAIRO. A comparable development specifically among the workers in Jewish community relations agencies was the formation, in 1950, of the Association of Jewish Community Relations Workers, which publishes the *Community Relations Papers*; this group, affiliated with the National Conference of Jewish Communal Service, has developed statements of professional qualifications and skills.

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INTERNATIONAL SOCIAL WELFARE.

International cooperation for social progress, an objective clearly stated in the United Nations Charter, has become a practical reality through effective action programs. National and international efforts in social welfare

have been intensified and reflect a growing awareness that development of human resources is the real key to a better way of life for the peoples of all countries. The emergence of newly independent countries and their representation in the United Nations General Assembly and other international meetings have made more vivid the awakening desires of peoples everywhere for improved living conditions. The intergovernmental agencies—the United Nations and the regional organizations such as the Organization of American States—have steadily strengthened their social service activities. Bilateral aid programs are giving more attention to the social aspects. Complementing these many governmental activities are the extensive services of voluntary or nongovernmental organizations reflecting the active concern of citizens' groups, churches, professional organizations, and other voluntary associations in social problems beyond their own national boundaries.

The role of social welfare is gradually becoming more firmly established in the long-range permanent international programs. During the emergency period of World War II, social welfare as an international activity had been given significant responsibility in administering the vast international relief services, and hundreds of American social workers served in UNRRA, the Red Cross, and many other relief organizations in Europe, the Middle East, and Asia. The immediate postwar period saw some of these activities continued under the United Nations and its newly created organs and agencies. Social welfare continued to play an important role in these efforts to assist the war-devastated areas and to meet the social problems accompanying dislocation of populations.

The focus of effort in international cooperation gradually shifted from the devastated areas to the newly developing countries. Technical assistance, particularly for economic development, became the major objective of many international programs. While program goals endorsed in principle both social and economic objectives, an increase in production of goods was in many instances the major

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criterion in country development programs in deciding on technical aid. The first years of the present decade therefore found social welfare in the midst of a new orientation, slowly finding its role in broadly conceived long-range development plans. By 1959, social welfare had again demonstrated its special contribution to the meeting of human needs. Basic social welfare principles are being tested successfully in a variety of political, economic, and cultural patterns and found applicable in their essentials. The universality of human needs has made it possible for the social worker to use his knowledge and skill in helping individuals, groups, and communities work together constructively in a period of tremendous political and social change.

The growth of social service internationally and on a long-range basis is dependent essentially on the interest in social welfare in the individual countries. The United Nations reports show that an increasing number of countries are using technical assistance in social services and cooperating in exchange programs. Ministries of social welfare are being established by the newly independent governments. (In some of the more industrialized countries, expenditures for social welfare and social security are exceeded only by expenditures for defense.) International studies and reports of expert groups reflect the growing use of specialized training facilities for the education of social workers and the gradual evolution of common concepts and terminology.

Another favorable factor is the keener appreciation of the interrelatedness of social, economic, and political factors. Governments, national planning agencies, and experts in various fields are learning to view the picture of national development as a whole and to understand that services cannot grow and have their maximum effectiveness in isolation from each other. At the political level, representatives of the newly independent countries are articulate in their conviction that social welfare programs should have priority. Moreover, social objectives are now seen as ends in themselves and not as subordinate to economic development.

A further factor contributing to the growth of social welfare has been the stepping up of exchange programs under all auspices and the cumulative effects of earlier exchanges. Experts and technicians in all fields, studying in countries with well-established programs, have noted that social services are an established part of the community pattern. The professional quality of the service is observed. Visitors from new countries have been quick to note the values of social services manned by a permanent staff, in many cases with specialized training for their work. Moreover, the new opportunities for exchange of ideas at international social work meetings, seminars, and study groups have created greater interest in improved social services at home.

As social welfare begins to take a more significant role in international cooperation with its professional contribution recognized, it is faced with a new challenge in the shifting picture of social needs in the less-developed countries. United Nations social surveys report that the first stages of dramatic advances in mass programs of saving life have been eminently successful. Malaria is under control in many places, and campaigns against yaws, tuberculosis, and other scourges are resulting in less illness and lower death rates. People are ready to take an active role in making a better life for themselves and their families. More educational, welfare, and other community services are needed to give constructive and satisfying learning opportunities to this growing population.

The increasing mobility of population has also created an unparalleled need for social service in many areas. Migration within countries, particularly the shift of population from rural to urban areas, has resulted in urgent social problems. The new urbanization programs require exceptional skill in social organization, in motivation of people, and in general public interpretation. These needs are acute in the newly developing countries where the traditional community services had never been established. Social work, with its ability in development of social policy, community organization, group work, and casework, potentially has a tremendous

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contribution to make in helping governments and their peoples find their own solutions to these problems.

INTERGOVERNMENTAL PROGRAMS

United Nations

The focus for social welfare activity at the international level is in the United Nations itself, where the Department of Economic and Social Affairs in the UN Secretariat¹ administers a worldwide program of research, technical assistance, and information. The Member States of the United Nations, now numbering 82, have given considerable support to the UN social service activities. The Economic and Social Council is the main organ in the United Nations in the social field. Under the General Assembly's authority, it has been assigned the functions of promoting: higher standards of living, full employment, and conditions of economic and social progress and development; solutions of international economic, social, health, and related problems; international cultural and educational cooperation; and universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion.

Policy recommendations on social welfare questions are developed in the UN Social Commission. The Commission is composed of representatives of 18 Member Governments. It meets every two years to develop recommendations on social questions of international significance. It carries special responsibility for areas in the social field not covered by specialized intergovernmental agencies. For this reason the United Nations social welfare program comes under its immediate direction. The background of the Commission's members is varied. Although originally it was anticipated that the UN functional commissions would be composed of experts, actually many governments nominate officials with competence in foreign service and the

diplomatic field but without specialized knowledge of social questions or social welfare administration. The number of experts on the Social Commission represents only about one-third of the membership, and is drawn primarily from the field of social welfare.

Major recommendations of the Social Commission are referred for Economic and Social Council approval. Those which involve such action as authorizing new programs, recommending new money for an expanded program, or referring legal instruments such as a convention, require careful scrutiny of the appropriate committees of the United Nations General Assembly and action by the full Assembly for final approval.

The United Nations Bureau of Social Affairs is the center for developing and carrying out the social welfare program. A Division of Social Services has major responsibility for social welfare. Other activities in the general social field—community development (*See COMMUNITY DEVELOPMENT*), social defense, housing, social research—are also the responsibility of the Bureau. In addition to the staff at the United Nations headquarters in New York City, social affairs officers are attached to the United Nations Regional Offices in Bangkok, Thailand; Santiago, Chile; Addis Ababa, Ethiopia; and Beirut, Lebanon. These social affairs officers, a number of whom are social welfare experts, consult with the governments in the region regarding requests for social welfare technical assistance, and also provide short-time consultation. The social affairs officers cooperate with the economic specialists in the UN regional office so that country planning is approached on a coordinated basis with attention to both economic and social factors. The total social service program of UN reaches countries in every geographical area.

Expert Groups

A significant new pattern has developed in planning of the social service work of the United Nations. For the past three sessions—1955, 1957, and 1959—the UN Social Com-

¹ The Secretariat is one of the six principal organs of the United Nations. The other five are the General Assembly, the Security Council, the Economic and Social Council, the Trusteeship Council, and the International Court of Justice.

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mission has recommended authorization of an international expert group of social service specialists to consider the policy and technical questions in this field. This approach represents a sustained effort on the part of the Social Commission to develop universal principles and policies useful as guide lines to countries in improving their own social welfare programs. The first expert group undertook a basic *Report on a Coordinated Policy Regarding Family Levels of Living*. The first of its kind, the report outlined for national governments the policy questions involved in a coordinated approach to improving living conditions for families. Special attention was given to the social aspects but within an over-all frame of reference including economic, demographic, and cultural considerations related to economic factors. Alternatives in social security benefits and services were considered for societies in different stages of development. Administrative factors, staffing, and training needs were also identified.

Satisfied with this first step in the use of expert groups, the Economic and Social Council, on the recommendation of the Commission, authorized a second expert group, this one to give specific attention to social services, particularly family and child welfare services. The experts were asked to identify elements in a comprehensive national social service program and to consider the role of social service in the broad social programs of urbanization, community development, and social security. Experts from Africa, Central and Western Europe, Middle East and Far East, South America, and North America served on this expert group. The report was received by the Twelfth Session of the Social Commission at its meeting in New York in May 1959. The report defines the concept of social service as seen internationally. The impact of technological change on the individual and the family is stressed, and the failure of governments to give due weight to the social consequence of change is pointed up. Objectives in basic methods of social service are described and elements in national programs identified. Priorities to be considered by national administrators are recommended. The

important summary conclusions of the report follow:

(1) In the rapidly changing world of today, the social aspects and effects of national development should be fully recognized. The planning of any development policy should give due consideration to the human resources on which such development depends and in whose interest it should operate. Proper emphasis on social development would result in the acceptance of the essential role of social service programmes designed to strengthen family life and improve levels of living, to prevent or alleviate individual maladjustment and social disruption, and to help in directing increased national resources towards the welfare of the people.

(2) It is the responsibility of Governments to ensure the availability of the social services needed by the population, whether such services are provided under government or non-governmental auspices. This involves the planning of comprehensive programmes of social service related to the other aspects of national policy and associating voluntary initiative with government effort.

(3) Social service has emerged as an identifiable functional process demanding appropriate standards of training and operation and, as such, should be acknowledged as a distinct area of government responsibility. It is therefore important that the administration of social service should be centered in a separate department of government, whether or not it is in the portfolio of a Minister with wider responsibilities. Whatever the administrative pattern, it is essential that there should be co-ordination in planning and practice within the social service field as well as with other departments responsible for social programmes.

(4) Social work, which embodies the specific knowledge and skills used in social service and is based on scientific findings regarding human relations, is increasingly recognized as a professional activity. The availability of trained social workers is an essential requirement for the effective performance of social service; social workers may also contribute usefully to the operation of other social programmes in such fields as health, education, housing, labour and social security. Government has a responsibility to

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ensure that the planning for social development includes adequate provision for the training of social workers.

(5) The development of social research is indispensable for the planning and operation of social service programmes. In particular, an adequate knowledge is required of the prevailing social, cultural, political, demographic and economic factors which have a bearing on the nature and relative importance of needs to be met and on the choice of methods to be applied.

(6) The central purpose of social service should be the maintenance and strengthening of the family as the basic social unit. Emphasis should be placed accordingly on social service methods designed to prevent family breakdown, to avoid the need for removing individuals from their own homes and to assist the wife and mother in fulfilling her responsibility of maintaining the strength of the family unit and, where necessary, establishing it in new patterns of life.

(7) In the development of social service programmes, priority should be given to the promotion of the general welfare of the community rather than to the adjustment of the individual to his environment; to preventive rather than to remedial services; to services available to the whole population rather than to those dealing with problems of special groups. For these special groups, social service should be directed towards prevention and rehabilitation rather than to temporary or prolonged relief.

(8) Social service agencies, social workers and social work disciplines and skills have a vital part to play in the planning and implementation of broad programmes of community development, of programmes designed to deal with problems of industrialization and urbanization and of policies concerned with the raising of levels of living. The ultimate aim of social service is to achieve a higher state of well-being for individuals, families and communities. To this end, it is necessary that social service agencies and personnel should cooperate with other disciplines and with citizens, government officials and voluntary organizations towards the continuous improvement of economic and social conditions.

(9) Further studies are needed to clarify many aspects of social service provision and

administration in order to help governments and international organizations to make the most effective use of their resources in both providing and advising on programmes of social service. In the course of the discussions, it was suggested that further research should be undertaken under international, governmental or non-governmental auspices, in the following fields:

(a) The determination of the common and distinctive elements in social service and other disciplines engaged in community development, with a view to ensuring closer coordination and more effective teamwork;

(b) The interrelation between social security schemes and the operation of programmes of social service, including an analysis of the experience of highly industrialized countries introducing social security schemes;

(c) The role of industrial social services and their place in an integrated national programme;

(d) The existing patterns of governmental structure for social service and the relationship between government and voluntary agencies in this field;

(e) The content of training programmes in relation to the growing requirements of social service and other social programmes.

The Committee urged that the United Nations call the attention of Governments to the principles embodied in their report. The report itself, including the conclusions, has been referred for comments of all the Member States, the specialized agencies, and the nongovernmental organizations. Prior to the Social Commission session in 1961, these comments will be available and another expert group of social work administrators will move ahead to consider questions of organizing and administering national social service programs. It is anticipated that out of these series of deliberations of international expert groups there will gradually evolve a general framework of principles internationally applicable in the field of social service.

Surveys

The United Nations series of surveys and studies on social programs includes research

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in all major aspects of social welfare. The surveys on social work training around the world have attracted considerable interest in many countries. The United Nations completed the Third International Survey on Training for Social Work in 1958 and presented this report to the Twelfth Session of the Social Commission. The document underscored the fact that social work is emerging as a profession. The number of professionally trained social workers is increasing but the shortage continues to be acute in all countries. This survey, unlike the earlier documents in the training series, does not describe present developments but is focused on the content of social work training as this is beginning to emerge internationally. Considerable additional material has been incorporated on related subjects such as functions of social work and employment of social workers. The major contribution of the study is in two areas: first, the clarification of terms and definitions describing social work; second, identification of the essential components of an integrated curriculum for the training of social workers.

The method of developing the present study is of interest. A considerable part of the material was developed in regional seminars held by the United Nations in Munich, Montevideo, Lahore, and Athens. Because of the active participation of many social workers, both agency and school people, in these meetings, the whole process of developing the study was a dynamic one.

The section on curriculum describes generic concepts with many specific applications in a way which should prove helpful to governments and school faculties who are developing training plans for social work in many countries. The report recommends a program of action for national governments. The suggestions for international action were used in discussions by the Social Commission as it planned for expansion and evaluation of the United Nations technical assistance program in social welfare.

Another series of studies covers new developments in the broad social field. These studies are quadrennial reports on the world social

situation and new developments in social measures in the Member States. The most recent study in this series is the *International Survey of Programs of Social Developments* (E/CN.5/332).

Prepared by the UN Bureau of Social Affairs in cooperation with the specialized agencies, this new report summarizes data and assesses on a world-wide basis changes that have taken place during the past four-year period. Included in the main sections of the report are chapters dealing with health, nutrition and home economics, housing, labor, education, social security and related measures of income maintenance, social services and rehabilitation, public administration, social research, rural development, community development, and urbanization. The report undertakes to present a bird's-eye view of progress and problems in the social field as a whole and in its specialized aspects. Of generally high quality, the United Nations reports such as this survey are of considerable help to international and national agencies. This latest survey does not reveal the dramatic advances in social programmes which were characteristic of the immediate postwar period. A generally checkered pattern is presented, with advances and consolidation of earlier gains, but some stagnation in rate of progress in the social field is also evident. The Social Commission urged that the next survey concern itself more with analysis and evaluation, and that greater attention be given to the obstacles to social progress in the different countries, such as lack of funds, lack of trained personnel in the services, and inadequate methods of reporting. The next survey in this series will include a brief review of national social trends and a study of balanced economic and social development. The third major report on the *World Social Situation* is scheduled for publication by the United Nations in 1963.

Advisory Social Welfare Services

The Advisory Social Welfare Services Program, established by the United Nations in 1946 and placed on a continuing basis in

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1950, is the action arm of the United Nations service in the social welfare field. This program authorizes such technical assistance activities as assignment of experts to governments on request, provision of fellowships for overseas study, and demonstration projects, technical literature, and visual aids designed to assist countries in improving their social welfare services. The activities are financed through the regular United Nations budget. The funds available are small—\$925,000. An increase in the United Nations budget for this item is under consideration as a result of the recommendation by the Social Commission. The Secretary-General reported \$400,000 in unmet requests from governments for the calendar year 1958.

Almost every country in the world participates in some way in the Advisory Social Welfare Services. One hundred twenty experts were assigned during 1958 to other governments at their request. The range of specialists within the social field is wide and includes social welfare, community development, rehabilitation, social defense, and population. A total of 50 countries were receiving technical assistance through assignment of experts in 1957-1958. A special program within Europe, which involves the use of short-term experts, accounted for assignment of an additional 74 experts.

It is of interest that the total of 231 experts were drawn from 42 different countries. Many United States social work specialists and other experts in the social welfare field provided technical services abroad under the Advisory Social Welfare Services Program.

One hundred sixty fellowships were granted in the social field during 1958. In addition, under the special European program, 802 social workers and other officials were enabled, during 1957 and 1958, to spend two to four weeks of study in a neighboring country in Europe to observe social welfare practices or attend seminars and study groups.

The United States is one of 36 host countries receiving United Nations fellows for programs of study and observation. The federal Department of Health, Education, and Welfare receives the largest number of these

UN fellows. The Social Security Administration, International Service, and the Office of Vocational Rehabilitation serve as host agencies and provide the planning and advisory services in the Department of Health, Education, and Welfare.

The Department of Justice and the Housing and Home Finance Agency are other federal host agencies. State and local public welfare departments, the schools of social work, and the voluntary social agencies all cooperate in providing study and observation facilities for the UN fellows.

Other interesting exchange projects under the Advisory Social Welfare Services include seminars and study tours. As an illustration, a regional seminar on community development and social work training was held in Pakistan in 1957 and was attended by participants from 16 countries. In another area, a seminar on social research and community development, held in Italy, attracted social workers from 14 countries. A study group on day care centers for children was held in Austria and was attended by participants from 12 countries.

United Nations Children's Fund

The United Nations Children's Fund (UNICEF) has as its purpose meeting the needs of children, particularly in underdeveloped countries, through strengthening the countries' permanent child health and child welfare programs. UNICEF is currently aiding projects in 105 countries and territories. Contributions are made to the Fund voluntarily by 86 countries. In 1958, \$23 million was allocated by the Executive Board. 98.5 per cent of the expenditure for programs was for aid to activities of long-term value.

UNICEF has drawn attention to the world's increasing child population. In 1960 there will be approximately 1,075 million children under 15 years of age, 550 million of these in countries and territories aided by UNICEF. The need for extending and strengthening services for children is obvious.

A recent policy decision made by the UNICEF Executive Board extends UNICEF

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aid in the field of social services. Following a request made by the UNICEF Board in March 1958, the United Nations' Bureau of Social Affairs undertook a study on the possibilities of UNICEF aid for social services for children, with particular reference to institutions, day care centers, and other methods of caring for children outside their own homes. A report on the health aspects was also developed by the World Health Organization.

In presenting the study to the UNICEF Executive Board, the UN Bureau of Social Affairs concluded that "international material and technical aid could usefully be given (a) to improve existing services for children, and (b) to develop necessary new services, particularly those of a preventive nature. The aid would not be justified unless it were conceived as a beginning toward a broader and more fundamental objective, namely that of assisting countries to develop well-organized national systems of social services which would help preserve and strengthen family life and foster opportunities for the healthy growth of the personality, abilities and social habits of the child."

This report of the UN Bureau of Social Affairs, presented to the UNICEF Board, is in itself an excellent document on modern philosophy and principles in planning services for children. The recommendations were welcomed by the Executive Board of UNICEF at its March 1959 meeting. The Board approved in principle the extension of UNICEF policy so that requests could be accepted. Further developments will depend on the interest of governments in proposing appropriate projects in the social service field. It is expected that such projects in the next year and a half might involve allocations of up to \$135,000. The UN Bureau of Social Affairs will give its technical approval to each project and will provide continuing technical advice to the national government in connection with the development of the social service involved in aid for institutions or day care centers.

Currently UNICEF-aided programs are almost exclusively related to health, including

nutrition. Some start was made with assistance to social services in 1957 when assistance was first given to the women's sections of community development.

Basic maternal and child welfare services constitute about 30 per cent of the program allocations. Disease control takes the biggest share, over 50 per cent, because of the large contribution made by UNICEF to the world attack on malaria. Other disease-control campaigns to which UNICEF contributes are those for yaws, leprosy, trachoma, and tuberculosis.

UNICEF's early and continuing interest in child nutrition has been intensified with a program of expanded aid, emphasizing training, surveys, and aid at the village level. The milk conservation program through aid to milk plants has extended recently into underdeveloped tropical countries. Child feeding through distribution of dry skim milk donated by the United States and Canada has helped alleviate malnutrition, but the present emphasis in UNICEF's program is in aiding countries to increase their own supplies of protein for child feeding.

UNICEF's aid is in the form of equipment, supplies, and training, with the specialized agency such as the World Health Organization or the Food and Agriculture Organization supplying the technical advice and assistance in its field of competence.

Specialized Agencies

International cooperation in other major aspects of the social field—health, education, labor, agriculture—is carried out by the Specialized Agencies of the United Nations. These organizations are established by inter-governmental agreement. They work closely with the United Nations and their activities are coordinated by the United Nations Economic and Social Council. The major agencies in the social field are the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the Food and Agriculture Organization (FAO). The programs of these several agencies are closely related to

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social welfare. The impact of their services in improved social conditions in the different countries has been an impressive demonstration of the value of international cooperation. (See *INTERNATIONAL AGENCIES in DIRECTORIES OF AGENCIES* in this volume for description of their functions and activities.)

Of special interest to social work are the International Labor Organization (ILO) activities in the income security field. In addition to developing standards as set forth in conventions and recommendations, numerous studies of social insurance and related income security problems have been made by the International Labor Office, the administrative agency of the Organization. Current information is maintained and exchanged on social security in all parts of the world. The ILO has an international Committee of Experts on Social Security on which the U.S. Commissioner of Social Security and the Chief Actuary serve. An active technical assistance program including provision of experts and fellowships has benefited most regions of the world. In 1958 some 20 countries and territories received technical assistance on social security questions from the International Labor Office.

Refugees

The serious social problems presented by refugees in almost every geographical area will be highlighted by many countries as a result of a recent United Nations action. At its Thirteenth Session in December 1958, the United Nations General Assembly adopted a resolution establishing a World Refugee Year. Member States and Specialized Agencies were urged to cooperate in promoting the World Refugee Year as a practical means of increasing assistance to refugees throughout the world. The resolution has as its aims: (a) "to focus interest on the refugee problem . . ."; (b) "to encourage additional financial contributions from governments, voluntary agencies and the general public . . ."; and (c) "to encourage additional opportunities for permanent refugee solutions through voluntary repatriation, resettlement or integration,

on a purely humanitarian basis. . . ." The emphasis is on national efforts suited to the needs of each country.

In 1959 the President of the United States issued a Proclamation on World Refugee Year to begin July 1, 1959, and invited the support of all citizens for efforts in behalf of celebrating the Year and in contributing to assistance of refugees. A nongovernmental United States Committee For Refugees was established in 1958 to inform the public about world refugee issues, to consult with Government leaders and UN officials, to stimulate research on these problems, to work with American voluntary agencies, and to further American participation in World Refugee Year.

Planning and services for certain groups of refugees is provided in the Office of the United Nations High Commissioner for Refugees established by the UN General Assembly with a mandate now extended to December 13, 1963. The Office provides international protection to refugees within its mandate, gives assistance to the neediest, and seeks permanent solutions for the refugees either through voluntary repatriation or by assimilation within new national communities. It is estimated by the UN that more than one million refugees in Europe and neighboring areas and a half million in other parts of the world come within the High Commissioner's mandate. Particularly urgent problems are presented by the 32,000 refugees in camps in Europe.

The UN High Commissioner for Refugees has been active in connection with many refugee situations—the non-settled refugees in Europe, the Hungarian refugees, the Europeans in China, refugees of Greek ethnic origin arriving in northern Greece, refugees in Tunisia and Morocco. Programs are implemented through the cooperation of more than seventy agencies, governmental and non-governmental.

The Intergovernmental Committee for European Migration (ICEM), created on the initiation of the United States in 1952, has actively encouraged governments to include refugees in their normal immigration pro-

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grams and to establish special refugee programs. Working with international governmental and voluntary agencies, ICEM has provided transport and other services for 385,000 European refugees. The ICEM has moved or processed 137,604 Hungarian refugees and has moved over 13,000 Europeans from the mainland of China.

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) is a temporary organization with a mandate to run to June 30, 1960. This organization provides assistance, long-term planning, and services for Palestine refugees. A little over a million refugees are registered with UNRWA. Nearly 40 per cent of the refugees live in camps. The UN Specialized Agencies and international and foreign voluntary agencies cooperate with UNRWA, providing complementary services in health, education and training, and social service and relief programs.

A special problem is the need presented by the million Chinese refugees in Hong Kong. These refugees are not within the mandate of the Office of the United Nations High Commissioner for Refugees. However, the UN has asked the High Commissioner to use his good offices in making arrangements for contributions to meet this problem.

The UN High Commissioner for Refugees supervises the application of the international Convention Relating to the Status of Refugees. Twenty two States had ratified or acceded to the Convention by January 1, 1959. The Convention codifies minimum rights refugees can expect in States recognizing the Convention—including access to courts, the right to work, education, social security, and freedom of religion.

Organization of American States

The Organization of American States (OAS), through its Secretariat in the Pan American Union, administers a program of studies and technical assistance in social welfare. The Division of Labor and Social Affairs is located in the Secretariat's Department of Economic and Social Affairs. The principal

functions of the Division are to provide staff services in the labor and social fields as needed by the Council of the OAS, the Inter-American Economic and Social Council and its committees, the general Secretariat, and the specialized organizations of the OAS. The work in the social field has a broad orientation. Emphasis has been placed on relating social policy and economic development. A series of OAS regional seminars over the past two-year period has provided an opportunity for personnel from many different fields to examine the interrelationship of social and economic policy in national planning. The Division program is concentrated principally on the following activities: social welfare and community development; cooperatives; social security; and labor, including industrial safety. There has been decided intensification of work in the field of social insurance. A special expert group drawn from nine of the American Republics met to develop an expanded work program in this field. The former program of workers' education now encompasses labor affairs in general. Community development has been added to the more traditional activities in social service.

The Section on Social Welfare and Community Development gives technical assistance, develops publications and documents, and arranges conferences and meetings on various phases of social services and community development. The focus of the work, originally limited to assisting schools of social work, now includes assistance to the Member States in planning and organizing social welfare services. Interest in rural welfare has also developed and is particularly reflected in attention to community development projects. Urban rehabilitation is also receiving attention. Industrial welfare and medical social work have important places in the work program.

In general, the headquarters staff provides service to Member States, serving as short-time consultants, advising on administration, organizing seminars. Special projects such as the training course at Cali, Colombia, and the Inter-American Housing and Planning

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Center in Bogota are part of the technical assistance to the members of the OAS. An information service is maintained on the social welfare programs in the Americas and on the schools of social work. Research includes such projects as a special study of three schools of social work in Latin America; a glossary of social work terms; and study of family welfare, including principles of social work with families. Considerable work has been done in translation of basic professional literature into Spanish for the use of Member States. The staff in the Division assist in developing a variety of field projects which are carried out through the Program of Technical Cooperation of the OAS.

A specialized organization of the OAS, the Inter-American Children's Institute, is active in the field of social welfare and other services for children. The Institute has the primary purpose of cooperating with Member States in the establishment and development of activities contributing to the proper physical, mental, and social training of children, and to the improvement of family levels of living. The Institute's technical work is carried on at the headquarters in Montevideo, Uruguay, through its Department of Technical Cooperation. Illustrative of the Institute's interests are its activities during the past year which included a series of symposia on child nutrition in four of the American Republics, development of a training course on care of crippled children, assistance in preparation for the XI Pan American Child Congress, and research work on legislation affecting children. The Institute undertakes, on a continuing basis, collection and distribution to Member States of basic information pertaining to child life.

An interesting development affecting exchange in social welfare is the new OAS Fellowship Program. Developing out of the Inter-American Committee of Presidential Representatives, the Fellowship Program became a regular activity of the OAS on July 1, 1958. Three hundred sixty thousand dollars was provided for the first year of the Fellowship Program—for approximately 170 fellowships. It is expected that 500 fellowships

will be awarded each year when the program is in full operation. Recipients of these OAS fellowships are now being received by social work agencies and schools of social work in the United States.

United States Services

The United States has a long history of cooperation in international social welfare. Its experts served on the League of Nations' Committee on Social Activities. As far back as 1942, Latin American experts and trainees came to the United States to study social services in the early exchange with the other American Republics. During the period the United Nations organization was being developed, social workers in the United States were active in focusing attention on the need to take account of social questions and to establish adequate machinery within the structure of the United Nations for consideration of social matters.

At the close of World War II, when participation in international organizations began to take a more formal pattern, the President established interdepartmental committees to advise the Department of State on policy questions. An Interdepartmental Committee on International Social Welfare Policy was established in 1947 as one of the subcommittees of a broader International Social Policy Committee. It was re-constituted with committee status in 1952 with very little change in its terms of reference. The present Committee on International Social Welfare Policy has as its members the Departments of: State; Health, Education, and Welfare; Agriculture; Labor; Justice; the Housing and Home Finance Agency; and the International Cooperation Administration. The Commissioner of Social Security represents the Department of Health, Education, and Welfare on the Committee. Although the Committee has fairly broad terms of reference, it has been used largely for preparation for meetings of the UN Social Commission, the Economic and Social Council, UNICEF, and the Organization of American States.

Policy questions related to the program of the International Labor Organization are con-

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sidered by the Interdepartmental Committee on International Labor Policy. The Department of Health, Education, and Welfare has membership on this committee. Other interdepartmental committees deal with policy matters relating to Human Rights, Status of Women, Population, Statistics, Non-Self-Governing Territories, Trusteeship Council, Technical Assistance, Food and Agriculture, and Economic Development.

In the U.S. Government, the Department of Health, Education, and Welfare (HEW) is the main governmental agency assisting the Department of State in policy formulation and in cooperative programs in social welfare. A position of Department Coordinator of International Affairs was established in 1958 in the Office of the Secretary to coordinate the Department's participation in international activities. The Coordinator serves as principal staff advisor on international activities, obtaining policy direction from the Secretary, assisting operating agencies in carrying out responsibilities in their respective areas, and assisting in maintaining effective contact on foreign affairs matters with other departments and organizations.

As the welfare arm of HEW, the Social Security Administration serves as a focal point for cooperative international activities in the social welfare field. Staff services are located in the International Service of the Office of the Commissioner of Social Security. Functions of the International Service include initial work on policy development and services to the Interdepartmental Committee, program planning for about a thousand visitors yearly from more than 70 countries, technical consultation and information service, and cooperation in international studies and research. Continuing service is provided in connection with the cooperative activities sponsored by the United Nations Social Commission. The International Labor Organization, with primary concern in the social insurances, and UNICEF, with its expanding program for mothers and children, are other important intergovernmental organizations in the fields of interest of the Social Security Administration. The Social Security Admin-

istration makes available its special competence in policy development, program planning, and evaluation, through membership on the delegations to the Social Commission of the United Nations, the Executive Board of UNICEF, and the expert committees of the United Nations and the International Labor Organization.

In the Department of State, the Office of International Economic and Social Affairs, Bureau of International Organization Affairs, has major responsibility for providing guidance for U.S. participation in international organizations and is thus a main point of contact in work with the United Nations, the Organization of American States, and other international agencies concerned with social welfare questions.

The National Social Welfare Assembly, acting through its Committee on International Social Welfare, contributes to policy formulation. The Assembly Committee develops comments and over-all views on issues before the international organizations and makes these recommendations available to the federal agencies. Ad hoc consultations and planned conferences contribute further to a formulation of foreign policy reflecting the views of both governmental and nongovernmental organizations.

The Foreign Service of the Department of State has shown an increasing awareness of the significance of social factors in foreign policy. Reestablishment of a social welfare attache program, discontinued in 1952, is under formal consideration in the Department. The Foreign Service Reporting staff is working with the Department of Health, Education, and Welfare on a revised reporting plan which would bring to the U.S. Government on a regular basis current information on social developments in other countries. Staff of HEW are participating from time to time in the Foreign Service Institute's training courses. The Social Security Administration provides an orientation program on the request of the Foreign Service Institute, for labor attaches and other personnel being assigned to U.S. diplomatic and consular establishments overseas.

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International Cooperation Administration

The United States Government cooperates with other countries directly in many different spheres of activity. Under the Mutual Security Program, there is a large technical cooperation program, earlier known as "Point IV," which is administered by the International Cooperation Administration (ICA), an agency with semi-autonomous status within the Department of State. This technical cooperation provides advice and consultation by U.S. technicians, study grants for foreign technicians, and small amounts of supplies and equipment for demonstration purposes. Technical cooperation programs are designed to introduce innovations and increase the skills of people in less developed countries, to enable them to achieve an improved standard of living. Programs in health, education, agriculture, industry, and other fields are interrelated so as to provide an early impact in the country as well as long-term, material benefits to the population. Through the Mutual Security Program, the United States cooperates with nearly 60 nations and dependent territories.

The Mutual Security Act of 1954, as amended, states the purpose of the mutual security program as follows:

"... to promote the foreign policy, security, and general welfare of the United States . . . to achieve international peace and security through the United Nations . . . based upon the principle of continuous and effective self-help and mutual aid . . . including the furnishing of military assistance to friendly nations and international organizations . . . raising standards of living, creating new sources of wealth, increasing productivity and expanding purchasing power . . . to encourage the efforts of other free nations to increase the flow of international trade, to foster private initiative and competition . . . to encourage and facilitate participation by private enterprise. . ."

The number of American technicians overseas in 1958 reached the all-time high of 5,200. The number of foreign participants coming into the United States, or to third

countries, for training has increased and in 1958 was at an all-time high of nearly 10,000 per year.

Although the role of social welfare in the Mutual Security Program has been small, a significant contribution has been made, particularly in training activities. United States social workers have provided technical advice and consultation to schools of social work in Latin American countries and in India, Korea, and Egypt. They have helped to develop field work facilities, advised on reorganization of curriculum, and have emphasized the interdependence of developing social agencies and education of staff to man the services. A number of United States social workers have also been requested for medical social service posts. Requests for technical assistance in organization of ministries of social affairs and new public welfare programs within these ministries have usually been made through the international programs and not ICA.

United States social workers are also serving, in some instances, as community development advisors in the United States Operations Missions. Illustrations are the assignment of social workers in Panama, Thailand, and Korea. Others are serving in a social work capacity with emphasis on community organization. An illustration is the assignment of a social worker with ICA in Chile.

A policy base for the development of a broader program of cooperation in social service exists. The International Cooperation Administration, in a manual order released November 1957, provided specific guide lines to its field missions for considering social service projects requested by governments. However, in fiscal 1958 there were only seven experts in social services assigned by the ICA to assist other governments. Similarly, the number of fellowships in this field was small—a total of only 40 persons coming to the United States, including Puerto Rico and Hawaii, for the purpose of studying social welfare.

The Social Security Administration, Department of Health, Education, and Welfare, provides the technical services, as requested,

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to ICA in its cooperative work in social welfare. An inter-agency agreement is the basis for these arrangements. The ICA provides the funds necessary for staff services for recruitment and backstopping of experts assigned overseas and for planning programs for ICA participants and United Nations and WHO fellows who study under the auspices of the Social Security Administration.

International Educational Exchange Service

The International Educational Exchange Service program was authorized by Congress to strengthen cooperative international relations. It is intended to promote better understanding of the United States and further mutual understanding between the people of the United States and those in other countries. The program was established in 1938 and provides different types of grants. These grants are made available to enable Americans to visit other countries. Grants are offered to citizens of other countries to come to the United States to study, lecture, teach, and observe. Some grants are available also to enable citizens of other countries to attend American-sponsored schools abroad. The emphasis in selection is on qualified candidates who will promote the general objectives of the program. The final selection of grantees under the Fulbright Act is made by the Board of Foreign Scholarships, while those under the Smith-Mundt Act and other laws governing the international educational exchange program are made by the Department of State with the advice of government agencies or private organizations competent in the field concerned. More than 6,000 Americans and citizens of more than 80 foreign countries have each year received study grants or have been extended invitations under this program.²

Many American social workers, particularly faculty members of schools of social work, have had a period of lecturing and study abroad under the Fulbright Program. These

grants are announced a year in advance in the professional journals.

Under the Smith-Mundt Act, some social workers have been invited overseas as specialists. The Department of State cooperated in financing an exchange of five American social workers with five European countries in 1958. A productive exchange of experience resulted. The United Nations national committees in five countries facilitated program planning and provided hospitality for these American social workers. In the current year the Department of State has made available five study grants to cover the cost of international travel for United States social workers to observe social welfare in Latin America. It is anticipated that this program will be continued in the coming year.

Social workers from other countries have been awarded Fulbright grants to cover the cost of their travel incident to study in schools of social work in the United States. Social worker specialists and lecturers from other countries have also been brought to the United States under the IEES Program. The American Council on Education and the National Social Welfare Assembly have responsibility for planning programs for many of these visitors. Those in the social welfare field who have interest in government social services usually visit the Social Security Administration during their period of study in Washington.

NONGOVERNMENTAL AGENCIES

International nongovernmental (voluntary) agencies have activities complementary in many ways to the programs under intergovernmental and governmental auspices. Some of these organizations have consultative status with the United Nations or its Specialized Agencies. The activities of such agencies are most likely to be closely coordinated with the intergovernmental programs.

International Voluntary Agencies

International bodies with membership in a number of countries include (a) organizations providing a forum for international discus-

² For details on legislative authority for exchange programs and information on study grants, refer to Department of State Publication 6789, May 1959, *Educational Exchange Grants*.

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sion and exchange of information on social welfare subjects, (b) federations of national organizations to provide coordination and exchange of information, (c) agencies providing relief and services of an international character, and (d) organizations to promote and influence governmental and intergovernmental action.

Among the international organizations having as their major purpose the provision of a forum for discussion and exchange of information, the most important is the *International Conference of Social Work*. The Ninth Session of the Conference was held in Tokyo in 1958 and was the largest international gathering in Japan since the end of World War II. Sixteen hundred persons from 42 countries attended. The Conference has provided opportunity for many United States social workers to extend their knowledge and understanding of other countries. More than 400 United States social workers participated in the recent meeting in Japan and over 700 in the previous meeting in Germany.

The Conference not only features major plenary sessions where main social welfare issues are debated, but also sponsors commissions and a substantial number of study groups which afford opportunity for direct participation by most of the Conference registrants. Associated with the Conference is a series of study tours which have made it possible for social workers to combine participation in the meetings with observation of social welfare services in a variety of neighboring countries.

The subject matter of the International Conference sessions is closely interlocked with those of the UN Social Commission. Officials and experts from the UN headquarters and regional offices participate in the Conference, and there is an excellent interplay of views on recommendations and proposals developing out of the Social Commission. As an illustration, one of the Commissions in Tokyo used as its basic resource document the UN Expert Group Report on a Coordinated Policy Regarding Family Levels of Living. Another illustration of joint planning was the meeting

of training experts called by the UN immediately in advance of the eighth session of the Conference in Munich to discuss content of training programs for social workers. This continuing coordination between the United Nations—the main intergovernmental agency in the welfare field—and the International Conference of Social Work—the major forum for discussion of social welfare—has facilitated exchange of new ideas on principles and methods among social workers from almost every country in the world.

The *International Social Security Association* (ISSA) is another major nongovernmental organization in the general social welfare field. It is an association of social security organizations including national social security institutions, social security and mutual benefit funds, and government departments administering social insurances. The focus of interest is in social insurance and the stimulation and development of social security including the improvement of its technical and administrative methods. It is an autonomous organization with a secretariat furnished through the cooperation of the International Labor Office. There are 145 member institutions in 64 countries. The Social Security Administration of the Department of Health, Education, and Welfare joined the ISSA in 1957. The General Meeting, composed of delegates of the member bodies, meets every three years. Its most recent session was held in May 1958 in London, where there were approximately 400 delegates. Virtually every major country in the world had representatives including the communist nations. The Bureau acts as the executive board of the organization. The Commissioner of Social Security currently serves as a member of the Bureau. The technical materials of ISSA are of great interest to social security institutions. There is the regular *Bulletin* of the International Social Security Association which carries special articles on various phases of social insurance, a section on international news of interest in the social security field, as well as a bibliography and listing of publications.

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Among the international voluntary agencies serving as a federation of national organizations, the *League of Red Cross Societies* is one of the most widely known. Composed of 82 national Red Cross, Red Crescent, and Red Lion and Sun Societies, the League provides coordination, clearinghouse, and exchange services for its member organizations. The League, in its role as a permanent organ of liaison and coordination between the national Red Cross, Red Crescent, and Red Lion and Sun Societies, conducts training institutes and seminars, and arranges educational exchanges of Red Cross officials to strengthen the normal peacetime Red Cross activities—improvement in public health, disaster relief, development of nursing services, the Junior Red Cross movement, and others.

Organizations concerned with youth activities have been other pioneers in this field and include the Young Women's Christian Association, Young Men's Christian Association, Boy Scouts, and Girl Scouts.

The *International Association of Schools of Social Work* is the nongovernmental organization at the international level which gives special attention to training of social workers. The Association, a worldwide organization of individual schools of social work and associations of schools of social work, has provided considerable leadership in stimulating interest in training and better standards of social work education. The present membership includes nine associations of schools and 250 schools in 34 countries in all parts of the world. The Congress of Schools of Social Work in recent years has been planned in association with the International Conference of Social Work.

Many international voluntary agencies operate service and relief programs. A number of these organizations have consultative status with the United Nations, and their services are coordinated with and complementary to intergovernmental activity. Their activities are financed through their national member organizations. An illustration is *International Social Service* with branches in 16 countries providing skilled services for individuals and

families whose problems extend across national boundaries.

The *International Union for Child Welfare* encourages the development of services for children through studies and surveys, special conferences, and publications. The *International Union of Family Organisations* stimulates exchange in social programs affecting family life through international conferences and publications. The *Catholic International Union for Social Service* is active in encouragement of high standards of professional social service and professional training of staff.

The *International Federation of Social Workers* is made up of the national professional social work associations of 16 countries, representing every geographical area. The Federation is a co-sponsor of the journal *International Social Work* with the International Conference of Social Work and the International Association of Schools of Social Work. At its annual meetings the Federation concerns itself with matters of special interest to professional membership organizations.

Other organizations operating service and relief programs include such agencies as the *World Council of Churches*, representing Protestant denominations; the *International Conference of Catholic Charities*; and the *World Organization for Rehabilitation through Training*, an agency with special emphasis of assistance to vocational training for Jewish groups.

The *International Committee of the Red Cross*, a group of 25 Swiss citizens, recognizes new Red Cross societies, maintains the principles of the international Red Cross movement, and in time of war or unrest acts upon the request of both parties to a dispute, as a neutral intermediary between them. The Committee is the channel for services to prisoners of war and for inspection of facilities for prisoners to determine whether the prisoners' rights under the Geneva Conventions are being respected. The International Committee has developed major conventions signed by 76 countries, to govern the handling of such wartime problems as relief of the wounded,

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treatment of prisoners, and protection of civilian populations.

American Voluntary Foreign Service Agencies

Since the end of World War II a growing partnership has developed between government and United States voluntary nonprofit agencies engaged in foreign aid. This has been fostered through the Advisory Committee on Voluntary Foreign Aid, established by the President in May 1946, "to tie together the governmental and private programs in the field of foreign relief and to work with interested agencies and groups." Fifty-seven voluntary agencies, with assistance programs in 103 countries and areas abroad, are now registered with and approved by that Committee. Their activities and services in the fields of material aid, refugee resettlement, and technical assistance are looked upon as a valuable supplement to the official programs of government.

The Advisory Committee as the central liaison point in government works in close collaboration with the *American Council of Voluntary Agencies for Foreign Service* and its more than 40 member agencies. The Council, a wholly private undertaking, was organized in 1943 to provide joint action through consultation, coordination, and planning among its members and in relationships with the United States, foreign governments, and national and international agencies. The Council's program is carried out through committees made up of representatives named by the member agencies, and representatives of other nonprofit voluntary groups.

Benefits provided under the Mutual Security Act and other provisions of law have contributed substantially to the activities and services of the voluntary agencies abroad. The record of achievement during the past six years in the field of material aid alone which this partnership arrangement has made possible is as follows:

A total of over 2 million tons of surplus foods donated under the authority of Title III, Public Law 480, have been distributed as free

gifts of the American people to needy people in friendly countries around the world. During the same period, these voluntary agencies generated from their own resources, that is, voluntary contributions of the American public, relief and rehabilitation supplies totaling upward of 230,000 tons, which were likewise distributed in the most needy areas abroad. In both instances, ocean freight costs on these supplies were paid with funds made available by Congress for this purpose, and on the receiving end, the host governments for their part allowed duty-free entry and financed the inland transportation and related costs.

In the field of services to refugees, the outstanding contribution which these private groups made at the time of the Hungarian revolt in the fall of 1956 is but one example of the effective role they can play in coordination with the efforts of government. The aid and services rendered by the private groups over the past six years under contract with the United States Escapee Program is another example.

The third major field of their endeavors is technical assistance and self-help. In this field, these groups have had many years of experience in helping people to help themselves through training, guidance, and the provision of tools to do the job. This experience and know-how is drawn upon by the International Cooperation Administration wherever possible. During the past three years, contracts with these groups totaling some \$9 million have been carried forward as a part of the technical cooperation program, principally in the field of community development, but also including projects in health, education, and agriculture. In addition, many similar projects are initiated and carried forward by these organizations without government financing.

The American National Red Cross

The American National Red Cross, by its Congressional charter, is charged among other things with carrying on a system of international relief to mitigate sufferings caused by calamities in foreign countries. Coordinating its activities with other Red Cross societies,

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the American Red Cross provides emergency supplies and personnel to help alleviate the distress of victims of foreign disasters. During a recent year medical and hospital supplies and equipment, clothing, blankets, and food stuffs have been contributed to 15 other countries following disasters. Through contributions of material and advisory assistance, and the provision of scholarships and study visit grants to their key personnel, sister Red Cross societies have been encouraged to develop and extend their services to their people.

National Social Welfare Assembly

The National Social Welfare Assembly through its Committee on International Social Welfare performs two distinct roles in the international social welfare field. First, it serves as the channel of communication between the United States Government and related official and unofficial bodies, and the voluntary national organizations affiliated with The Assembly, on the domestic phases of their international interests and activities. Second, it develops cooperative programs among the affiliate organizations on matters beyond the capacity of the individual organizations. The Assembly operates on the concept that international understanding must be built around activities concerned with the welfare of people, and that progress in social welfare, consequently, is an integral element in the attainment of world equilibrium and peace through economic and political development.

Consultation to the United States Government in the formulation of social policy is made through contact with (a) the Office of International Economic and Social Affairs of the Department of State, (b) the Office of the Secretary and the Office of the Commissioner of Social Security in the Department of Health, Education, and Welfare, and (c) the United States Mission to the United Nations.

A continuing feature of The Assembly's activity is the sponsorship of special workshops on international social welfare. Conducted in Washington with leaders from in-

ternational and national organizations cooperating in overseas programs, the workshops have drawn a widely representative group of participants—board members and practitioners at all levels—from different sections of the country. The objective is to extend public understanding of international activities. The Washington Workshop held in October 1958 had as its theme "Advancing Mutual Security Through International Social Welfare." Scheduled for the autumn of 1960, the next workshop will focus on "The Participation of U. S. Organizations in International Social Welfare Programs."

The Assembly cooperates with the Social Security Administration, Department of Health, Education, and Welfare, in developing the United States data for the major United Nations studies and information series. These include (a) the Biennial Report on Family, Youth and Child Welfare, (b) International Survey of Programmes of Social Development, (c) World Social Situation, and (d) Training for Social Work. Information is also supplied for special United Nations studies of community development, urbanization, and exchange programs. The Assembly brings together the data from the voluntary agencies and analyzes trends.

The National Social Welfare Assembly cooperates with the United States Government and nongovernmental bodies with international interests: for example, the National Commission for UNESCO, Conference Group of United States National Organizations on the United Nations, United States Committee for United Nations Day, and National Citizens Committee on UNICEF. The Young Adult Council of The Assembly cooperates with the World Assembly of Youth.

The Assembly gathers and makes available information on significant international developments, particularly for affiliated and related organizations. Through an *International Roundup* and other media it also assists with coordination in the international exchange of social work personnel on plans for developing working materials, exchanging experience, and formulating agreements as to scope, in-

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terests, and activities of the respective organizations. The Assembly is developing a Statement of Understanding among the six United States voluntary national organizations active in international cooperation (U.S. Committee of the International Conference of Social Work, National Association of Social Workers, Council on Social Work Education, American Council of Voluntary Agencies for Foreign Service, American Public Welfare Association, and National Social Welfare Assembly). The purpose is to define respective functions in relation to each other, to develop cooperation on these specific functions, to eliminate possible duplication, and to make maximum use of available staff service. The Statement when completed will be of great value to a wide variety of cooperating agencies and personnel in this field.

The Assembly cooperates with the Department of State in planning programs for social work experts and students and those in related fields. Exploratory work is under way on another phase of exchange work, inter-country job opportunities.

National Association of Social Workers

The National Association of Social Workers, the professional association of social workers in the United States, has an active Committee on International Social Welfare responsible for formulating Association policies for promotion of international cooperation in social welfare. This Committee prepares position or platform statements on current international social issues, develops closer ties with professional social work groups abroad, maintains information about and stimulates opportunities for overseas study, and keeps the membership informed on developments in international social welfare; and, cooperatively with the Association's Commission on Social Policy and Action, recommends programs and actions for the National Association of Social Workers. The Association's Commission on Social Policy and Action in 1959 decided to include international items in its priority list. This action reflects the growing appreciation of the

significance of international programs and the need for continuing support and interpretation by professional groups. Items of current interest include support for the appropriations for the United Nations, UNICEF, the Specialized Agencies, and the bilateral development programs, the re-establishment of a social welfare attache program in the U.S. Foreign Service, improvement of standards in international adoptions, and extension of opportunities for exchange of social workers. Through the initiative of the International Committee, during the period the UN Social Commission was in session the Association in 1957 and 1959 sponsored a seminar in New York for local chapter members to develop better understanding of the UN social welfare programs. The International Committee maintains liaison with international and national organizations, governmental and non-governmental.

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DOROTHY LALLY

JEWISH SOCIAL SERVICES. Within a month after the arrival of the first American settlement of twenty-three Jews in New Amsterdam in 1654, Governor Peter Stuyvesant wrote to the West India Company asking authority to banish the Jews. He warned that their indigence might make them a public charge. The company insisted that the Jews be admitted "provided the poor among them shall not become a burden . . . but be supported by their own nation."

The company's condition was met readily by the new Jewish community whose religious law always made charity an obligation based on justice. From biblical times, benevolence was regarded not merely as a virtue but also as a duty arising from Mosaic injunction. Great prestige was always attached to the social work function of the overseer of the poor.

In the ghettos of Eastern Europe, charity, organized around the synagogue, included programs to feed and clothe the poor, visit the sick, assist in burial of the dead, provide dowries for poor maidens, grant interest-free loans, shelter the homeless, and educate the parentless child. "Tzdoka," the giving of charity, was second in prestige only to education and there were many occasions for making contributions. The birth of a child called for a gift to the poor, as did a death in the family, recovery from illness, and

celebration of a birthday or anniversary. The Jews who came to the United States brought these traditional practices with them.

The Jewish Community

By 1880, largely as a result of German immigration, the Jewish population of the United States had reached about 250,000. In the early 1880's the wave of Eastern European immigration began to accelerate. From 1900 to 1914 Jewish immigrants arrived at the rate of 90,000 a year, and in the next ten years before national immigration quotas were imposed, another 350,000 Jews entered the United States.

Programs of Americanization and social adjustment received major attention in American-Jewish life in the past four decades. Hitlerism was largely responsible for the emigration of 150,000 Jewish refugees from Germany, Austria, Czechoslovakia, and other conquered countries to America in the seven years before 1943. Again, after World War II, about 100,000 Jewish survivors of Nazism came to the United States. See **ALIENS AND FOREIGN BORN.**

By 1958 the estimated Jewish population of the United States reached 5,250,000 with over 2,000,000 living in New York City.

Two-thirds of the Jews in the United States are native-born. This factor and the general economic prosperity have made the American Jewish population a middle class community more homogeneous than at any time since the 1890's.

General Characteristics

In some areas Jewish social work is indistinguishable from general social work; in others it developed special characteristics excluded from the usual definition of that term. By definition Jewish social services are those under Jewish auspices. They usually serve Jewish clients or members, but they may serve others in large proportions. Some of the services receive all or a major part of their financing from general sources such as community chests; others have little or no specific Jewish content.

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Jewish social services, by and large, are under the auspices of the organized Jewish community in voluntary association under central auspices. The Jewish federation, or welfare fund, parallels in structure the community chest or council. Where local services are not formally affiliated with a Jewish federation, a degree of coordination in planning exists nevertheless with other Jewish services. At the same time, Jewish agencies participate in the broader family of social services of the general community, both service by service and as a unit through the organized Jewish community.

The idea of central organization for financing and coordination was given formal recognition in 1895 in Boston by the organization of a partial federation which failed to survive. The next year eight Jewish agencies in Cincinnati formed a federation which was an immediate success. Within the ten years that followed, such major cities as Boston, Chicago, Cleveland, Detroit, Kansas City, Philadelphia, and St. Louis had established successful federations. The development encountered obstacles in New York City until 1917. By that time there were federations in 45 cities throughout the United States.

In the late 1920's, Jewish federations broadened their scope to include national services and the financing of overseas programs of relief and rehabilitation. These new central organizations, usually called Jewish welfare funds, took their lead from the patriotic funds of World War I. They had their counterpart in the general community in the war funds of World War II and were the forerunners of the united fund movement of the 1950's.

There are over 300 Jewish welfare funds in the United States, most of them members of the Council of Jewish Federations and Welfare Funds (CJFWF). Approximately 125 organized Jewish communities employ at least one professional executive. In the major communities the program of the communal organization is fund-raising, budgeting, and social planning. In the smaller cities the central organization also conducts operating programs.

Family Service

The early Jewish family agency in the United States and Canada was usually an auxiliary activity of the synagogue, sometimes supplemented by benevolent societies. By 1850 the trend was for this charitable work to be separated from religious auspices.

There are now more than 100 agencies under Jewish auspices with some 500 professional staff members providing family case-work and related services. In the smaller communities the program is administered as a department of a multiple-function service.

These agencies serve Jewish families almost exclusively and with rare exception employ Jewish caseworkers. The 78 agencies which reported to the CJFWF in 1958 served a total of 51,000 families during the year.

The number of families served which had declined over a number of years increased in 1957 primarily because of Hungarian immigration but service to non-immigrants rose as well. In 1958 immigrant families constituted 8.6 per cent of all active cases. Increasingly, family agencies are developing non-institutional services for the aged, usually organized as separate departments.

The budgets of family agencies are met by central funds, primarily by the community chests where they exist on the usual inclusive basis. Jewish financing is usually for services to refugees in the larger cities. In New York, Baltimore, Boston, Chicago, and Montreal the entire program or nearly all of it is supported by central Jewish funds.

Agreement is general that while the sectarian auspices of the family agency are very important to the Jewish community there is limited evidence of Jewish content in case-work practice. In 1954 a Committee of the CJFWF stated: "The rationale (for Jewish family services) is to be found in the desire of Jews to live as Jews and to have a communal life and certain institutional forms of their own. . . ."

Child Care

As early as 1807 a Jewish Children's Home was established in Charleston, S.C., and 25

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years later the Hebrew Benevolent and Orphan Asylum was opened in New York City.

With minor variations the developments in Jewish child care as in service to unmarried mothers and adoption programs parallel the developments in the field generally. The growth of public welfare is a major influence. There has been a marked increase in emphasis on foster home care. Reduction of dependency has increased emphasis on preventive services. Institutions for Jewish children were closed in many communities in the 1930's. There is some use of nonsectarian treatment institutions and of Jewish regional institutions. In the larger cities, particularly New York and Chicago, the small, psychiatrically oriented "treatment home" has been a recent development.

During 1958 the downward trend in the child care caseload continued, bringing the total under 6,700. The largest number of children, almost half the total under supervision, were in foster homes. Generally there was increased emphasis on the more seriously disturbed child.

Public funds accounted for over 30 per cent of the operating receipts of child care agencies.

Aged and Chronically Ill

The increasing proportion of aged in the population is emphasized in the Jewish community by a lower birth rate, a somewhat longer life span, and the subsequent results of adult immigration. Institutional and non-institutional services for the aged have expanded continuously since the end of World War II. Jewish family agencies, recreation centers, vocational services, and health agencies have steadily increased their services for old people. These have slowed but not halted the steady expansion of institutional facilities which was at the rate of less than 3 per cent in 1957.

The Jewish community established homes for the aged as a traditional responsibility. They emphasized traditional worship, dietary laws, and the Yiddish language.

Seventy per cent of the income of homes comes from service payments by residents, of

whom about 83 per cent are recipients of public aid or insurance. The deficit of homes provided by private philanthropic funds has been decreasing annually.

Before 1940 homes were largely operated by laymen with custodial staff. With the employment of professional staff, there have been a number of program changes. The number and proportion of beds for the chronically ill have increased continuously. Occupational and physical therapy programs and varieties of leisure-time programs have been introduced. Increased attention is being given to medical programs, often in cooperation with the local Jewish hospital.

Health Services

The first hospital under Jewish auspices in the United States was built in Cincinnati in 1850. Five years later, what was to become Mt. Sinai Hospital opened in New York. By 1957 there were 78 Jewish hospitals with at least one in every community of over 30,000 Jewish population, except for Washington, D.C. Forty-one are general hospitals and of these, 13 are in New York City. Of the 32 specialized hospitals reporting, 9 are for long-term care and 7 are for the tuberculous.

The primary reason given for the establishment of Jewish hospitals is that private health services in the United States are traditionally provided under the auspices of sectarian groups, and the Jews desired to participate in meeting the country's medical needs. Most Jewish hospitals provide an opportunity for observance of the dietary laws for the patients who desire it. An early rationale for hospitals under Jewish auspices was that they provided an opportunity for the training of Jewish interns facing serious restrictions. While these restrictions are considerably relaxed, Jewish interns and physicians still find their major opportunities for professional development in Jewish hospitals.

Seventy-three out of 78 Jewish hospitals with a bed capacity of 19,500 reported that in 1957 they served over 500,000 patients. Both the number of patients served and the capacity have been rising steadily.

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While there is a great variation among cities and hospitals, 39 per cent of all patients admitted in 1957 were Jewish. The proportion of Jews served in the outpatient departments was considerably lower, continuing a downward trend.

Patient payments for service constitute, by far, the largest source of income in Jewish hospitals, amounting to 75 per cent in all types and over 80 per cent in general hospitals. The figure continues to increase. Over half of these payments are from "third party" sources such as Blue Cross.

Economic Adjustment

Assistance toward economic independence is a historical objective of Jewish charitable programs. Traditionally, loans were granted to help establish small business ventures, business counseling was offered, and jobs were found for members of dependent families.

Free loan societies still exist in some larger Jewish communities. Their volume of service has decreased continuously since the late 1930's except for a brief temporary period of higher immigration immediately after World War II.

Jewish vocational services were modified by the professionalization which affected this field generally after World War I. The volume of unemployment in the 1930's gave impetus to the establishment of separate Jewish vocational service agencies to supplement the efforts of the public employment services.

In 1958 there were 21 Jewish vocational service agencies with professional staffs in the United States and Canada, all members of a national coordinating body, the Jewish Occupational Council. Many Jewish communities provide some type of economic adjustment program as part of a family or group work agency, or a local office of a national Jewish organization. B'nai B'rith Vocational Service Bureau offers regional service, group guidance programs, and local demonstrations.

With few exceptions Jewish vocational service agencies are supported by Jewish federations. Charging of fees for counseling introduced in half of the Jewish vocational service

agencies provides a minor portion of the agency budgets.

Services include job placement, an increasing emphasis on counseling and job finding for the difficult-to-place, and vocational or career counseling. In 1958 the Jewish Occupational Council estimated that about 65,000 persons applied for job placement, vocational guidance, and career counselling. Almost half of the total sought jobs and over 13,000 were placed.

About 15 sheltered workshops have been opened in the past five years. Some of these have received federal grants particularly from the Office of Vocational Rehabilitation for demonstration programs.

Cultural and Recreational Services

Over 100 years ago the first Young Men's Hebrew Association was founded in Baltimore. Two decades later there were more than 20 others in the United States. While this development was greatly influenced by the popularity of the YMCA, the YMHA was less of a religious organization and gave greater emphasis to educational, cultural, and recreational activity.

By 1890 there were more than 125 YMHA's. They emphasized Americanization, lectures, physical training, club and social activities, and discussion groups. They became institutions of Jewish identification for a broad group beyond the underprivileged. During the 1880's the YWHA's appeared on the scene along with the Jewish settlement house which paralleled the non-sectarian settlement movement. Together these form the background of the present Jewish Community Center movement.

In 1917 the National Jewish Welfare Board (JWB), service agency for the Jewish Community Centers, became the representative of the Jewish community in the morale program of World War I. In World War II it was a participant in the United Service Organizations.

There are 351 Centers on the roster of the JWB. While the policy as to admissions of non-Jewish members showed some variations

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from city to city, there is agreement that the Center is an agency of Jewish association.

At the beginning of 1959 there were over 600,000 members of Jewish Community Centers, an increase of about 100,000 in ten years. Children under 14 (34 per cent) and adults over 25 (48 per cent) were the largest membership categories by age groupings.

Community chests provided 17.5 per cent of Center income in 1958 and Jewish federations provided 25.5 per cent. Internal sources such as membership dues and activity fees continued to provide an increasing part of Center income reaching 57 per cent by 1958. The proportion of income was greater in smaller cities than in large ones.

The cost of Center buildings completed or in the planning stage in the United States and Canada since World War II is almost \$40,000,000.

Centers are making continued efforts to develop "family centered" programs. "Golden age" groups for older adults grow in popularity. The social club unit remains the basic activity with special interest groups such as crafts, photography, dancing, and mass activities such as book fairs, concerts, and dramatics supplementing the program.

Center day camps have been a continuously growing program. There are over 200 day camps, at least 42 per cent of which are entirely self-supporting from camper fees. Of the aggregate day camp income, 92 per cent comes from fees.

Most of 70 summer resident camps are conducted by Jewish Community Centers. This service is also moving in the direction of self-support from fee income which had passed 79 per cent of total budget by 1958. The camps serve school age children primarily but there is increasing interest in programs for older adults.

Other Services

Jewish communal service in its fullest definition includes functions not strictly within the field of social work. Among these are Jewish education and community relations.

Jewish schools in most large cities participate in a central bureau or board of Jewish

education, an arm of the federation. The American Association for Jewish Education, the national body in the field, estimates that there were almost 500,000 children attending Jewish schools in the spring of 1956. Somewhat less than half of these attended Sunday schools under congregational auspices. Most of the others were enrolled in afternoon week-day schools, usually three or four days per week.

Community relations work under Jewish auspices had its origin in "defense" programs affecting Jewish rights and in "anti-defamation" activities. Currently it is more broadly concerned with intergroup relations.

The major national agencies in the field are the Anti-Defamation League of B'nai B'rith, the American Jewish Committee, the American Jewish Congress, the Jewish Labor Committee, the Jewish War Veterans, the Union of American Hebrew Congregations, the United Synagogues, and the Union of Orthodox Congregations. All but the first two of these are members of the National Community Relations Advisory Council, a coordinating body which also includes 49 local and regional community relations councils. In 1958 the national agencies in this field had a combined budget of some \$7,000,000.

The American Jewish community maintains an interest in Jewish services nationally and all over the world, which involves the participation of American social workers in large numbers.

Six national health agencies operate hospitals, the largest of which are the City of Hope in Duarte, California, and the National Jewish Hospital at Denver. These two institutions raised almost 80 per cent of the \$9,800,000 secured by the total group in 1957. The emphasis of the field originally was on tubercular care, but it now includes heart patients, cancer research, and treatment of asthma. The overwhelming majority of patients are non-Jews.

Another major category of national agencies is the cultural group concerned with research, training, and publication in the field of Jewish scholarship. Eighteen agencies in this field had a total income of \$11,500,000

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in 1957, with 73 per cent of the funds going to Brandeis University and B'nai B'rith National Youth Services Appeal.

The United Jewish Appeal (UJA) is the major instrument for the expression of American Jewish philanthropic interest in other parts of the world. It combines three major agencies: the Joint Distribution Committee (JDC), formed in 1914; the United Israel Appeal (UIA), the major fund-raising agency for Israel in the United States; and the New York Association for New Americans. The JDC and the UIA support a multiplicity of Jewish programs in all parts of the world. Major emphasis of these programs in recent years has been the emigration of Jews from North Africa and eastern Europe and their resettlement in Israel (UIA) and the Malben program of service to the sick, aged, and handicapped immigrants in Israel (JDC).

An important development in overseas services was the merger of the United Service for New Americans with the immigration service of the JDC and the 70-year-old Hebrew Immigrant Aid Society into the United HIAS Service in 1954.

Financing

The major source of financing for services under Jewish auspices is the federation's central fund raising campaigns of local Jewish communities. The welfare fund idea reflects the relationship of American Jews to philanthropic programs everywhere in the world, for a wide range of causes from rescue and resettlement to higher education and cultural development.

Inspired by the needs of homeless Jews in Europe and their admission to Israel when the state was re-established, the American Jewish community reached its peak of generosity in 1948 by contributing over \$200,000,000 to Jewish welfare funds. Since that time there was a steady downward trend until 1954 when the total raised was \$107,000,000. The trend, halted in 1955, was reversed in 1956.

Outside of the welfare funds, major independent campaigns raised an additional \$46,700,000 in 1957.

In 1957 centrally raised funds were distributed by fields of service as follows: overseas and refugee needs, 68.4 per cent; national agencies, 4 per cent; local operating needs, 26.1 per cent; and local capital needs, 1.4 per cent.

Local funds (including community chest funds) in 1957 were allocated primarily for: health services, 24.9 per cent; family and child care, 22.1 per cent; recreation and cultural services, 22.4 per cent; and Jewish education, 11.9 per cent. With the exception of health services, the amount and proportion for each of these fields has risen continuously for a number of years.

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WILLIAM AVRUNIN

JUVENILE DELINQUENCY continues to attract wide attention and to arouse deep concern. There are many theories underlying its nature and cause. A limited definition of the juvenile delinquent refers to the child who comes in contact with an official law-enforcement agency because of an alleged act of delinquency or misconduct. Many other children commit similar acts who are either not apprehended or whose misdeeds are not seen as unlawful according to local statutes. It is peculiarly difficult to define juvenile delinquency in terms of its behavioral connotations, compared with most other classes of offense or status that are covered by modern systems of law.

There is no general agreement as to the etiology or single treatment for delinquency. It is becoming generally accepted, however, that delinquency is not a distinguishable syndrome but is more likely a rather loose evaluative term which covers a wide conglomeration of interpersonal and environmental phenomena.

Those who believe delinquency to be primarily psychological feel that while it may arise independently of social forces in any given culture, its expression is modified and undergoes change in accordance with cultural standards and values. The dynamics of the underlying, unconscious needs are seen as being the same in any society; the deviate is one who has difficulty in sublimating his wishes to the group. This theory holds that most cultures have contradictions in their values, as is illustrated in the difficulties of teaching the Golden Rule in the face of the need to teach a child how to get along in

an intensely competitive economic environment. Researchers continue to conclude that while a simple society produces children who know what is expected of them, an unstable and complicated society produces children who aren't sure of themselves. Where we cannot offer children a firm understanding of who they are or assure them of what is true, desirable, or moral, of whether love or hate should prevail, we can hardly expect stability or ordered behavior from them.

Experts seem to agree that major changes are needed in our laws, services, and treatment practices to close a gap between modern knowledge and practice. Wide public education is called for if the public is to support the changes needed and if children are really to be treated and rehabilitated. Despite the great public clamor about juveniles, the services are underfinanced and undermanned and continue, in large measure, to be seen as in the correctional field rather than in the broad treatment fields of child welfare and mental health.

This is not a universally accepted concept. Writing for the United Nations, Paul Tappan says "By the indifference in default of others, children's care through courts as well as through social agencies generally has come into the hands of a group that is oriented rather completely to the philosophies of voluntary social work, with emphasis upon individualized diagnosis and therapy for emotionally unadjusted clients."¹

The point of view of those who regard cultural elements as the major ones is best stated by Kvaraceous and Miller as follows: "The major problem of delinquency . . . is not to be found in the middle class . . . delinquency prevention and control, viewed from any angle, whether prediction, study, diagnosis, or treatment, remains largely a problem of a lower class delinquent, the lower class family, and a lower class community."² The core of this hypothesis, which arises out of research described by the authors, reveals that what constitutes "norm violating" behavior in one group or locality may not in

¹ See United Nations, *infra*.

² See Kvaraceous and Miller, *infra*.

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another, and that the modalities of norm violating behavior exists within a broad spectrum of delinquency. The differing social and cultural conditions in the middle class and lower class milieus create special problems for the youngsters of each class; and the conclusion is set forth that delinquency as norm-violating behavior usually represents adapted behavior for the individual delinquent; that the individual delinquent act may often represent the only resolution a youngster can find to his personal dire social problem. This is consistent with the work of Lander, Mer-ton, Durkheim, and others.

Since the turn of the century, concern over juvenile delinquency has resulted in advances in child welfare and child psychiatric work. There has been an increase in the number of child guidance clinics, child psychologists, child welfare workers, psychiatric social workers, and other personnel who function mainly in diagnostic and therapeutic roles. However, Freudian orientation has not dominated the scene; attention has been given to the genesis of delinquency as well as to its treatment. Facilities and services of a non-psychological character have been developed, directed recently in large measure toward research in prevention.

The Nature of Juvenile Offenses

More boys than girls are known to courts (the ratio is 5 to 1.) The age of the children is usually between 14 and 15 years when they are referred to court. School retardation, chronic truancy, and attitudes of hostility, defiance, and suspicion are often present. Frequently the delinquents come from homes broken by death, divorce, or desertion or from homes which lack stability and standards of child care. Emotional and economic deviation are more frequent than not; yet many delinquents do come from families with economic, social, and emotional stability.

Boys most often commit acts of stealing or malicious mischief, while girls often present problems of ungovernable behavior, running away, or sexual offense. Most cases have past histories of problem behavior.

The *Uniform Crime Reports* of the Federal Bureau of Investigation (FBI) for 1957 showed that 21 per cent of all persons under 18 who were arrested were held for larceny with a value of \$50; 27 per cent violated state or local laws, mostly pertaining to running away, truancy, curfew violations, and others; one per cent were arrested for robbery; one per cent for aggravated assault; and less than one-tenth of one per cent for criminal homicide. Eleven per cent were charged with burglary and 8 per cent with theft of automobile.³

Incidence and Cost of Delinquency

Statistics continue to be inadequate but provide relative measures of the incidence of delinquency. The FBI and the U. S. Children's Bureau gather statistics nationally. They depend on voluntary reports; and while many agencies respond they do not provide comprehensive or representative samples. The Children's Bureau reports juvenile court cases without giving reasons for the child's presence—which range from traffic violations and misdemeanors to homicide and arson.

Cases reported to the Children's Bureau by juvenile courts began to increase in 1948 and have continued to rise for nine consecutive years. Between 1948 and 1957 these cases doubled. In 1957, more than 600,000 cases of delinquency were referred to juvenile courts. An estimated one-half million different children, or about 2.3 per cent of all children in the 10 to 17-year age group in the United States, were involved in this one year. There was an increase of 7 per cent in 1957 in children of juvenile court age in the general population.

A better notion of the size of the problem is gained by estimating the percentage of all children who have become involved in at least one court delinquency case during their adolescence (10 to 17 years). Including repeaters involved in about one-third of all delinquency cases, the percentage is roughly estimated to be as high as 12 per cent (if the

³ See Perlman, *infra*.

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1957 rate continues). For boys alone it is much higher, about 20 per cent. Boys contribute above five times more to delinquency statistics than do girls while the distribution of girls and boys in the population is about equal. The U.S. Children's Bureau points out that these data include traffic violations (30 per cent of all cases in 1957). Other studies also reveal that the size of the problem is greater than appears from one year's figures, one reason being that the police see many who never get to court.

The FBI reported that police arrests increased 10 per cent in 1957 over the previous year. Juvenile court cases increased 10 per cent. In 1956 the court increase over the previous year was 21 per cent. Police arrests increased 17 per cent. The increases of police arrests are greater in the smaller and rural areas than in the urban. Between 1956 and 1957 the increase in arrests of children under 18 in rural areas and small cities was 16 per cent over the previous year while it was only 8 per cent in cities of over 25,000 population.

What seem to be the soundest analyses by experts indicate that despite the controversy as to whether the rise in delinquency is real or not because of various unmeasurable factors, including the more efficient operation of our facilities and the increase in child population, the increase appears to be not only real but potentially staggering. Better reporting and better law enforcement are not the sole reasons for the increase, according to these authorities.

The U.S. Bureau of the Census predicts that we will have a 35 per cent rise in the 10 through 17-year age group by 1965, and 48 per cent more in 1970 than we had in 1957. With an estimated 30,000,000 children in the United States by 1965, if the juvenile court cases continue to increase as they have since 1948 the juvenile courts will be handling about a million cases. Even if the rate of juvenile court delinquency cases remains fixed at the 1957 level, juvenile courts will be handling about 800,000 cases in 1965. And by then, there will also be a much greater

number of police cases which never reach the courts.⁴

There is also a very large group of undetected delinquents who are seen by community agencies and not referred to the police or the courts. Some studies of the size and composition of this group are available and more are needed if we are to determine how our culture affects youth and how we must change if we are to do a better preventive job.

The United States Senate Subcommittee to Investigate Juvenile Delinquency has estimated the cost of property stolen by juveniles to be about \$115,000,000 per year. Public services for delinquents, including the police, courts, detention facilities, and institutional care, are estimated to cost over \$200,000,000 per year. The FBI estimates the current average cost of all crime, including adult crime, to be around \$20,000,000,000 per year.

Prevention

The U.S. Children's Bureau has continued its intensive studies of prevention, begun several years ago.⁵ In the March 1959 issue of the *Annals*⁶ a spokesman for the Bureau, Helen Witmer, indicates that new programs and methods give promise of more favorable findings. She points out that the most striking change is in the level of sophistication. Psychological and sociological knowledge have been applied to some of the newer projects and sounder evaluation methods have been used. Miss Witmer says in her Foreword to the *Annals* symposium: "Perhaps the most important contribution of this series of articles lies in the picture it provides of the kinds of youngsters that are likely to become chronically delinquent and of the kinds of homes and neighborhoods they live in. . . . The articles deal with small programs. . . . Few of them report scientifically established results. Nevertheless, in their conception of what needs to be done and in their suggestions for some ways of doing it, they hold the

⁴ See Perlman, *op. cit.*

⁵ See Witmer and Tufts, *infra*.

⁶ See *Annals of the American Academy of Political and Social Science*. Issue of March 1959: *Prevention of Juvenile Delinquency (infra)*.

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hope that the problem of delinquency can be reduced if communities are willing to put the effort required into the work.”⁷

While the articles referred to report and evaluate a series of efforts not too unlike others seen before, two of them are worthy of special mention. “Co-ordination of Services as a Means of Delinquency Prevention” by Gisela Konopka describes an effort on the part of law enforcement, health, and welfare agencies and of public schools working together in an area of high delinquency. The impact, the author says, is in three areas: “A genuine rethinking of social agency practices . . . a clearer realization of what kinds of staff are needed to work with our most neglected, hurt, least verbal citizens who are prone to delinquency . . . and a deepening of the understanding that juvenile delinquency is a total community problem of child rearing and therefore calls for an attack on the whole community culture and cannot be solved by segmented institutions or individuals.”⁸ The article, “A Research-Based Proposal for a Community Program of Delinquency Prevention”, by Eva Rosenfeld, is also significant because it describes the elements of a community program which might reduce delinquency and indicates not only the specific elements which should go into the program, service-wise, but lists for each the research values and hypothesis. In a field which has so much amorphous quality there is presented a design which, if followed consistently in a number of communities and over a period time, might be productive of some solid, tested facts.⁹

In 1955 Lander made a significant and provocative contribution in the study of juvenile delinquency in his report on 8,464 cases of juvenile delinquency in Baltimore.¹⁰ It is related to the works of Durkheim, Merton, and Parsons. This work, using concepts of normlessness (anomie) and social disorganization, has potential for more scientific understanding of delinquent behavior

and its causes. A good deal of the more recent approach to understanding the cultural normlessness of juvenile delinquents undoubtedly had its roots in this type of thinking.

A most significant approach to the problem of delinquency in its broader sense has been the work of Community Research Associates (CRA), a nonprofit research body. By pinpointing problems through studies of families come to be known as “multi-problem families” and the “hard-core” or “hard-to-reach,” this group found that these families represent the major health and welfare challenges in every community and that responsibility for service to them and their members has been quite ineffective. Further, studies show that many communities have been “picking up the pieces” after crises like delinquency, illegitimacy, and neglect have arisen, rather than investing at the source of costly human breakdown with preventive and rehabilitative work.

The CRA studies have revealed that the entire structure of worthwhile, desperately needed welfare services is impaired by “archaic” techniques which make many of the present welfare programs little more than “mopping up” operations. In public agencies particularly, where it is shown that so many of the problem families and the consequent juvenile delinquency reside, very little of scarce skilled personnel time is given to direct help. Caseloads are too large, and as a result agencies have not been giving needed service. The key study done by CRA in 1948 in St. Paul revealed that 6 per cent of the community’s families were using more than half of the health and welfare budget. Duplication was rampant, with some families being served simultaneously by ten or more agencies often working at cross purposes with the others. Some families had been receiving help for as long as twenty years, and their basic problems had been regenerated in their offspring. This study resulted in a family-centered project which brought agencies together in a coordinated approach to a group of these families, with amazing success. Of the first 50 families to get treatment in the project, 15 made marked progress, 14 pro-

⁷ *Ibid.*, Foreword.

⁸ *Ibid.*, pp. 30-37.

⁹ *Ibid.*, pp. 136-145.

¹⁰ See Lander, *infra*.

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gressed moderately, 15 made slight progress, and four did not change at all. A later study of more families showed that 30 per cent of them had shown no movement backwards, 26 per cent had registered moderate progress, and 41 per cent had shown considerable movement during the period of treatment. In the opinion of the personnel working on the project, if more trained staff and means were available to work with all of the families in the "6 per cent" group the situation could be changed to one to where about 2 per cent would require no more than 20 per cent of the service. CRA has conducted similar projects with different emphases in other parts of the country, and at present is working with several public welfare departments to help them reorganize their work methods.¹¹

Juvenile and Family Courts

Juvenile courts in the United States had their origin largely in common law and English judicial background. The formality of the common law produced the chancery, offering a special "prerogative of grace to those who might otherwise suffer hardship in the common law courts." Children were among these. The crown began to act as *paterfamilias* for infants. Children were wards of the state and therefore it was felt that they should get special protection.

The American juvenile court movement adopted this philosophy, raising the age standards in doing so. It accepted from the chancery court the elements involving the protection of the child, the administrative measures of control and assistance and informality of procedure. To these have been added the concepts and techniques of modern casework and ideologies of the child welfare movement regarding the rights of children and what is needed to meet their needs. Social casework has affected the operation of juvenile courts more than the historical elements.

The first juvenile court in the United States was established in Illinois in 1899. In 1938 a federal juvenile court act was passed,

providing special procedures for handling juveniles committing federal offenses.

The juvenile court is said to be the most outstanding improvement in the administration of criminal justice since the Magna Carta in 1215. Every state now has some form of court with jurisdiction over juveniles. Not all of these are specialized juvenile courts; in many cities, and most often outside of cities, the circuit court, court of common pleas, justice of the peace court, probate court, or other court is given jurisdiction.

Most courts provide private hearings separate from adults and allow the judge freedom with respect to technical procedural rules. In recent years there has been considerable debate about the legal rights of children in these courts since the offenses in a petition for delinquency need not be established beyond a reasonable doubt. The arguments that civil rights of children are violated by discouraging the presence of legal counsel and by avoiding legal evidence are countered by the theory that the court is to rehabilitate rather than merely to adjudicate and punish.

The age of original jurisdiction of the children's courts is eighteen years and under in 29 states and in parts of 2 others (and the same for girls in an additional 2 states); sixteen years in 5 states and in parts of 2 others; seventeen years in 7 states (and the same for boys in 2 others), and twenty-one in 3 states. Further complicating is the fact that in 21 states the criminal courts have control over certain crimes or offenses and in some states have no specified age of exception. In nearly half of the states either the criminal court has jurisdiction over certain crimes and specified ages with power to transfer to juvenile court (12 states) or concurrent jurisdiction with the juvenile court (11 states). This policy indicates that the public desires to protect itself in some instances, along with its desire to deal leniently with children.¹²

The general trend has been to raise age limits of juvenile court jurisdiction. Under the leadership of the American Law Institute

¹¹ See Community Research Associates, *infra*.

¹² See United Nations, *op. cit.*

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—which in 1940 published the Youth Court Act, a companion bill to the Youth Authority Act—there has been a movement expressing the view that young adult offenders are a group distinct from children because of the seriousness of their problems and treatment needs. This has not been followed in detail in many states. The Standard Juvenile Court Act has been revised and the revision published.¹³

In 1959 there was published the Standard Family Court Act, a document resulting from several years' work by the Committee on the Standard Family Court Act of the National Probation and Parole Association in cooperation with the National Council of Juvenile Court Judges and the U.S. Children's Bureau. This is the first guide ever to be made available for the establishment and operation of family courts. Interest in such courts has been growing. The first family court was established in 1914 in Cincinnati. Among such courts in existence today are those in eight counties in Ohio, in six counties in North Carolina, and in Portland, Ore., Des Moines, Omaha, and St. Louis. It is expected that the new Standard Family Court Act will stimulate considerable interest in other localities. See COURTS AND SOCIAL WELFARE.

Detention

About half of the children brought to juvenile courts are held in some type of detention before hearing. In more than three-quarters of the juvenile court jurisdictions in America in 1956, children were detained in jail or a jail-like facility such as a court house or basement cell. Too many children were held in detention.

Modern detention programs which, in effect, are diagnostic facilities have developed in larger cities (for example Youth House in New York City and Youth Study Center in Philadelphia). Regional facilities have arisen allowing several counties to join forces where one alone could not finance or fully use a service.

Cities in the same state and close to each

other report widely different figures on numbers who need detention. This leads to the conclusion that detention of children may often be unnecessary; that police and probation officers, if better trained, might detain fewer children.

Institutional Treatment

Specialized institutional facilities for juveniles are traced back to 1704 in Rome, where a center "for the correction and instruction of profligate youth" was established. Similar institutions were established in Germany and other countries during the first half of the nineteenth century.

A school for the children of adult criminals was established in London in 1788, and during the early nineteenth century schools were founded for neglected children. The Kingswood Reformatory was established in 1852 for "unruly children" who infested the streets of the new industrial towns of England. Following an investigation by the Society for the Prevention of Pauperism in New York City, the House of Refuge was established in 1825 as a special institution for juveniles. Several cities followed, and action for the care of delinquents resulted.

Massachusetts established the first state institution for delinquent children in 1847. By 1900 there were 65 institutions for delinquents, including those under local public and private auspices, in the United States. A Children's Bureau directory published in 1955 listed 189 public training schools in the United States and territories including 182 schools in the 48 states, one in the District of Columbia, and six in the territories.¹⁴ There were also estimated to be 133 private training schools. Some \$55,000,000 was spent between July 1952 and June 1958 by the state training schools.

The programs vary in the state institutions. Few do a treatment job. The Children's Bureau has commented with respect to a well-rounded program of treatment as follows: "Making the relationship between the total environment and the child a crucial

¹³ See in *NPPA Journal (infra)*, July 1959.

¹⁴ See United Nations, *op. cit.*

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element of treatment does not discount the importance of special clinical services and program activities within the training school. On the contrary, it allows each aspect of institutional living to be viewed and used as a medium of treatment. Given the climate of treatment, the acquisition of new attitudes and skills, medical and psychological services, educational and vocational curricula, cottage life and religious programs will change the child's concept of himself and the world he lives in. These special services or activities provide necessary preparation for subsequent adjustment to community living. But they mean little in the absence of the kind of environment which develops within the child the feeling that adults are there to help, understand, and to persuade—and not to punish. It is only in such a climate that growth and learning can take place.”¹⁵

Private training schools are available in most states, operated both by sectarian and nonsectarian groups. They are relatively limited in their intake and generally set a more rigid age limit and restrictions on behavior than do the publicly operated institutions. Most states either license or inspect these institutions yearly. The federal government uses some private institutions for the care of its prisoners. In some states the state pays the entire cost of operation and in other instances the state and county share the cost or share it with a private group; there is no fixed pattern. Sometimes parents share the cost of care. In general, the private institutions are more treatment-oriented than the public ones but this is not always so. Most state institutions are for boys or girls, respectively, but in each of 11 states and 6 local jurisdictions there is one coeducational public institution. The Children's Bureau estimates that 45,000 children were served in state training schools from October 1952 to September 1958, and that 72 per cent of these were boys. Approximately 40 per cent of the schools had a capacity of over 200 children each. The average length of stay was 10.8 months for boys and 15.5 months for girls.

¹⁵ See U.S. Children's Bureau, *Facts About State Training Schools for Juvenile Delinquents* (*infra*).

The average annual per capita cost was \$1,985, the range from \$439 to \$4,899.

Interesting recent developments include the introduction of specialized facilities in training schools to the end that they may function more as treatment centers. Some state institutions have followed the lead of the pioneering private institutions in making such changes. Considerable difference of opinion exists as to whether the training school should be a place for total psychological-milieu treatment, or a re-educative device in which educational and corrective techniques prevail. Combinations of both ideas seem to be the most prevalent.

The development of forestry camps and small public institutions, such as the New Jersey Highfields institution, are new departures. The latter brought together a small group in a work program, with group discussion therapy as a treatment device. The project was characterized by short term stay, staff participation in the work, planned research, simplicity of living conditions and daily life, and low cost, and was regarded as a successful experiment.¹⁶

Probation

Probation services are the social services available to the juvenile courts. Probation department functions should, and in some communities do, include (a) preliminary investigations and social study for presentation to the judge to help him arrive at a plan of treatment, (b) arrangements for detention or other temporary care pending final court disposition, and (c) supervision of children placed on probation or under the supervision of the court. About 60 per cent of all children who appear before the courts are placed on probation.

Practically all juvenile and domestic relations court laws authorize the appointment of probation officers, generally by the courts themselves. Variation exists in states and communities in the use of probation officers to serve juveniles appearing in the courts. In some states only a few large cities or counties

¹⁶ See Elias, *infra*.

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have a full-time paid probation officer. More than half the counties in the United States have no probation service for children.

Of the existing probation officers throughout the country in 1954 only one out of ten had completed social work training and only six out of ten had a college degree. Variations exist in salary standards and conditions which can attract qualified personnel. The National Probation and Parole Association has developed standards for probation and parole officers which in the main reflect the conviction that professional social work training is desirable, and has recommended the casework approach as soundest in the practice of probation.

The quality and nature of the probation supervision of children varies greatly, depending on the qualifications and professional supervision of probation staff, the attitude of judges toward probation service, and the size of the caseloads.

The National Probation and Parole Association is currently engaged in a series of studies which will bring national probation information up to date.

Noninstitutional Treatment

Some communities have developed institutions to offer clinical observation of children and to give reports to the court. Child guidance clinics began originally because of public concern with juvenile delinquency. The first such clinic was started in connection with the juvenile court of Cook County, Illinois. The emphasis in child guidance has been away from the problem of delinquency over the years. Many clinics now do not deal with delinquency as such, and a number of courts as well as public departments have developed their own facilities.

There are a number of other types of non-institutional treatment. Among these are: warning or admonition; placement in a foster home under the court or a welfare agency; adoption, when feasible; supervision by school authorities; house arrest, which is rarely used; supervision by public child welfare casework agencies, usually in small communities where there are no separate probation services;

supervision of nongovernmental child welfare agencies, such as societies for the prevention of delinquency in children. Most private social agencies have been reluctant to receive delinquent children for treatment after they have been to court. Supervision by police officers has been utilized in a number of places, particularly where there have been specialized police units. Restitution has been specifically authorized by statutes in some states; and federal law provides that a child may be required to make restitution. Fines ranging from five to five hundred dollars are provided by statutes in a few states. (The federal courts do not impose fines on juveniles.) Parents may be fined or punished for contributing to the delinquency of children, and in a number of states may be held responsible for damage done by their children.

Recent Developments

The 85th Congress considered legislation to deal with juvenile delinquency but despite considerable documentation, hearings, and Congressional studies, did not act on it. The 86th Congress considered a series of similar bills. The most popular would have set up "juvenile delinquency control projects" authorizing grants to public and private organizations and agencies, directed toward "discovering, developing, evaluating, or demonstrating techniques and practices for the prevention, diminution, and control of juvenile delinquency." Special training provisions were included in some bills. The testimony of many of the witnesses revealed that they believed in a broader approach such as was incorporated in the original delinquent children's bill of 1956. Compromises were made to accommodate points of view and arrive at a common denominator. The House and Senate Appropriations Committees of 1959 directed the National Institute of Mental Health and the U.S. Children's Bureau to do a thorough study of what is needed in the field of juvenile delinquency and make fiscal and legislative proposals to Congress in 1960.

As one reads Congressional testimony and examines federal appropriations there seems to be considerable overlap in the activities

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of the several agencies in the Department of Health, Education, and Welfare with respect to work in the field of delinquency. This is equally true in the mental health, child welfare, and correctional fields.

The National Council of Juvenile Court Judges has organized a juvenile court judges foundation for study and research in the field of juvenile delinquency and juvenile courts. Yearly training institutes are held at the Pittsburgh Juvenile Court, and several hundred judges have already come to receive special training.

Major advances at the federal level have been made in amendments to the Social Security Act. In 1956 Congress amended the Act to give emphasis to social services in public assistance programs—services that lead to the strengthening of family life and stimulate city and community efforts to help families and individual people with their social problems. In 1957 the Act was amended to extend child welfare services grants administered by the Children's Bureau to children in urban as well as in rural areas. As these help strengthen family life they will have an impact on services to children who are in danger of becoming delinquent. Emphasis on the social services in the public assistance program which will stimulate the states to improve their work with multi-problem families should help immeasurably in the delinquency problem over the years.

The federal Office of Education has contracted with universities and colleges for research and studies on various aspects of juvenile delinquency in relation to education.

The National Defense Education Act, passed by the 85th Congress, sets up a nationwide system of testing, counseling, and guidance which should have some effect on the delinquency field. The Administration proposal to the 86th Congress to help communities build new classrooms which would relieve overcrowding and present split-shift school hours is important.

The Public Health Service through its National Institute of Mental Health has been doing some important juvenile delinquency work by developing a better basic understand-

ing of the mechanisms of psychological development of human behavior. Throughout the country, \$54,000,000 was expended in 1958 for community mental health programs and 7.4 per cent of this was federal funds. The clinics do some work with delinquent children. The training and research programs in the fields of mental health also have an effect on juvenile delinquency.

The Citizen Action Program of the National Probation and Parole Association, launched in 1955 by a five-year, \$600,000 Ford Foundation grant, has had good effect in the eight states which established such programs. Each state council works with judges, bar associations, and correctional administrators to: (a) examine and evaluate specific ways in which the state deals with the offender from first contact to disposition and treatment; (b) recommend innovations and improvements, assigning each recommendation a priority according to its urgency; (c) inform the public in every way it can, so that deficiencies are considered openly, widely, realistically; and (d) act to get public and private individuals and groups to work for the recommended improvements. In Texas the citizens committee was instrumental in the establishment of a paid parole system and continues to press for funds to expand the system to meet the needs of the state. In 1958 it began a study of the juvenile problem in Texas, a state almost devoid of county services for children in trouble with the law. In Oklahoma the citizens committee was both shocked and embarrassed at the antiquated methods and facilities of its correctional system and has directed its efforts to legislative reforms, with the creation of a department of correction as its priority. In the various states the activity of an intelligent informed citizenry has been most helpful in the creation of an awareness of the problems that exist and the means or lack of means for meeting the problem.

The Interstate Compact on Juveniles developed by the Council of State Governments was adopted by twenty-four states by 1958 with two additional states waiting for action by their Governors. The chief use of the

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Compact has been for the out-of-state supervision of juvenile delinquents on probation or parole. The principle of cooperative supervision has been well established and the minimal residence requirements of the Compact rather than state laws of settlement have been adhered to. There has been very little use of the Compact to return non-delinquent juveniles or delinquent juveniles who run across state lines. The chief benefit of the Compact to date has been the acceptance by member states that judgment regarding the out-of-state supervision of a child should be based on the validity of the treatment plan rather than upon settlement barriers or the inclination of a particular community. The Compact administrators guide the actions of community agencies involved with children crossing state lines.

The United Nations publishes reports dealing with juvenile delinquency in other countries. One, the *Comparative Survey of Juvenile Delinquency in North America*, was published in 1958.¹⁷

The American Public Welfare Association (APWA) in testimony before the Subcommittee on Special Education of the House Committee on Education and Labor said that more specific provision should be made of federal financial assistance to states for stimulating and supporting programs for the prevention of and control of juvenile delinquency. The state welfare departments are declared by the APWA to be the agencies of state government in the most strategic position to provide the primary action within the state and give the over-all unified administrative direction so essential to a fully effective program. The reasons given for this are (a) prevention and treatment of delinquency require a wide range of services used to solve the problems dealt with by welfare agencies, (b) public welfare has an existing structure in every locality in the nation, (c) public welfare agencies are already in touch with a large segment of the population that is highly exposed to conditions which make juvenile delinquency, and (d) the welfare departments are already deeply involved in community

organization for developing needed services for families and children.

The National Association of Social Workers at its Delegate Assembly in 1958 approved policy statements and published them as *Goals of Public Social Policy*.¹⁸ Included in these is a statement on juvenile delinquency which calls on communities and public welfare departments to provide: (a) coordination by assuming a leadership in planning, (b) experimentation in types of preventive service in encouraging social and health agencies to intensify their programs, (c) treatment of those who remain in their own homes and those who require a substitute arrangement, at the same time emphasizing individual needs in treatment, (d) law enforcement by encouraging and promoting good practices such as sufficient trained youth officers and policewomen who can help young people keep within the limits of the law, and (e) conduct of juvenile and domestic relations courts in a way that will exemplify a concept of individual treatment and rehabilitation with law. Such courts should be headed by qualified judges and should have social workers, physicians, psychiatrists, and proper detention and diagnostic facilities.

The Juvenile Delinquency Division of the U.S. Children's Bureau, Department of Health, Education, and Welfare, listed the following as important demonstration needs: (a) intensive institutional treatment programs for psychopathic juvenile delinquents including the sexual deviate, (b) effective clinical treatment programs for adolescent, recalcitrant girls, (c) training of specialized personnel in law enforcement, probation, and juvenile court work, (d) effectiveness of residential treatment centers for young, emotionally disturbed offenders involved in serious offenses such as arson, assaults, and habitual, ungovernable behavior in the community, and (e) effectiveness of group foster homes and residential centers for returnees to institutions for the rehabilitation of delinquents.¹⁹ This Division, although inadequately financed, has

¹⁸ *Op. cit.*

¹⁹ See U.S. House of Representatives, 86th Congress, *infra*.

¹⁷ See United Nations, *op. cit.*

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developed an effective consultation service to states and has done a good deal to develop national standards and help set national direction.

The National Education Association conducted an extensive project in 1958-1959 culminating in a two-day conference where several basic and provocative documents on etiology and practice were reviewed.²⁰

Consistent with the trend to get at the cultural roots of problems, the 1960 White House Conference on Children and Youth—has adopted the theme: "Opportunities for Children and Youth To Realize Their Full Potential For a Creative Life in Freedom and Dignity." The 1950 Conference stimulated considerable new development in the field. Two new university-community efforts to conduct research, demonstration, and training programs in the area of youthful behavior are supported by the Ford Foundation. In Youth Development Center at Syracuse University, N.Y., and Youth Studies Center at University of Southern California, faculty and citizen interest are combined in search of answers to prevention.

Conclusion

Several facts stand out in an analysis of local and state activity. (1) Local communities alone cannot finance prevention and treatment programs but require state financial assistance. (2) Programs for delinquent children are increasingly being combined operationally with other programs for children, since basic needs for children requiring social and psychological services are seen as similar. (3) There is growing acceptance of a central diagnostic classification and placement function under administrative rather than judicial auspices. Central commitment by juvenile courts to state agencies is increasing. (4) Local preventive programs are emphasizing the bringing of professional services to the child and family rather than waiting for the breakdown and subsequent application of police or court action. Social agencies and schools have increased their efforts, child

welfare agencies are retooling their services to help delinquents rather than only dependent and neglected children, dependency institutions are converting their programs to serve this group. (5) Citizen activity to prevent juvenile delinquency serves to strengthen all basic local services for children.

More accurate data and research techniques are required in order to provide sound public information and to stimulate citizens and agencies in developing programs which will extend and improve services to delinquent children. Evaluations of programs for prevention, control, and treatment cannot be made without full knowledge of the nature and types, as well as the volume, of delinquency.

It continues to be clear that there are no firm answers to the problem of juvenile delinquency. These are being sought in the ills of family life, the increasing divorce rate, and larger numbers of the mentally ill. More search is being made in the adult created culture. The general public continues to put the blame to some degree on what many describe as the innocent victim, the juvenile delinquent.

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²⁰ See Kvaraceus and others, *infra*.

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Labor and Social Welfare

LABOR AND SOCIAL WELFARE. The relationship between labor unions and social welfare is close and in some areas historic. Though labor unions primarily focus their attention upon those immediate economic gains that can be achieved through collective bargaining, they have repeatedly revealed a broader orientation in terms of goals and methods. Well over a century ago, the workingmen's organizations in this country concerned themselves with death and welfare benefits, public education, a shorter workday, and child labor, in addition to their usual economic goals. At other times, unions have limited their focus to the "here and now" of collective bargaining. In order to describe the relation between organized labor and social welfare, we shall review labor's economic and social goals, its own welfare programs, its collectively bargained programs, and its relation with community activities.

Labor's Economic and Social Goals

Prior to the formation of the American Federation of Labor (AFL) in 1886, unions typically had a wide spectrum of goals and a short lifespan. Not infrequently a workers' organization would start out as a strictly economic-oriented group and end up as a political party or producers' cooperative. Also, workingmen's groups tended not to have the exclusiveness that they have today; that is, workers were not the only one permitted to join. Farmers, reformers, and many others belonged to the National Labor Union and the Knights of Labor, in addition to workers. Not all these organizations disappeared rapidly or had high membership turnover. Workers' groups organized along craft lines and affiliated into national unions showed more strength in resisting an adverse environment.

When the American Federation of Labor was formed its leaders, viewing the American experience of short-lived, multipurpose workers' organizations, felt that groupings of craft workers into national unions would give them a greater lasting power. The Federation's more than seventy years of existence indicates

that they were substantially correct in their estimate. The goals of the AFL leaders were simple and immediate: higher wages, shorter hours, and better working conditions. These goals were to be achieved through collective bargaining. Labor was to avoid widespread involvement in politics, except to "reward your friends and punish your enemies."

But all was not strict economic concern. Samuel Gompers and other AFL leaders were impressed by the stability of unions that provided welfare benefits for their members. These benefits were typically financed from membership dues. On the other hand, the AFL was cool to many types of social legislation. It was not until the 1930's that this union favored governmental action on unemployment compensation, maximum hours for men, and minimum wages for men. The feeling of AFL leaders prior to the 1930's was that if workers received their better conditions through legislation, they then would regard the political leader, rather than the union leader, as their benefactor, and would not see any advantage to joining a union. Needless to say, this attitude changed greatly as a result of the experience in the 1930's. Here was a period of both widespread union membership gains and significant social legislation.

Since the 1930's, labor unions have been consistent supporters of social legislation. They have worked for such laws as those dealing with minimum wages, maximum hours, old age benefits, unemployment pay, child labor, industrial safety, and health. Moreover, unions have largely assumed a leadership role in sponsoring this legislation, a role that reform groups such as the American Association for Labor Legislation earlier held and in recent years have relinquished.

Unions, in making their conventional demands as well as in negotiating fringe benefits, have been concerned with the welfare and dignity of the individual worker. For example, seniority as a basis for laying off and hiring back workers and the grievance process as a channel for communication put more security and meaning into the life of the worker. Basically the collective bargaining

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contract indicates that the worker through group action has some voice in the way his environment is being changed. More philosophically inclined persons have termed collective bargaining a system of "industrial democracy" under which the individual worker through his organization can cast his vote for softening the harsh operation of the economic system.

In summary, it might be said that unions are still primarily collective bargaining institutions concerned with direct economic goals but that they have expanded their activities in recent years to supporting social legislation. They have also tried to provide their members with welfare programs, first historically through the dues dollars, then later through collective bargaining.

Labor's Own Health and Welfare Programs

Over the long run, welfare programs are not new to unions. In the early part of the nineteenth century it was difficult to distinguish at times between labor unions and mutual benefit societies, especially since unions frequently developed out of fraternal benefit societies and, conversely, the function of some unions in depressed times withered to the point that benefits alone remained the basis of organization.

The idea of unions providing their members with benefits received support from the AFL's first president, Samuel Gompers, who in reviewing his experience with the Cigar Makers Union, concluded that benefits helped not only the workers but also union organization. The availability of benefits, according to Gompers, would attract members, and once a vested interest in them was built up, would help retain members who otherwise might quit. The offering of benefits to members became popular under Gompers' leadership up to the time of World War I, when adverse financial experience caused a number of unions to drop their programs or move to regular insurance.

After the prosperous 1920's and the depressed 1930's, unions still in many cases retained benefit programs. In 1939 over 65

AFL national unions paid death benefits, the most popular form of union payment. Almost 25 unions made payments for sickness and a smaller number for disability cases. It should not be thought that these payments were large. The average death benefit was \$150, which probably covered part of the burial expense but certainly did not provide a life income to the widow. The sickness payments provided cash, usually not much and then only for a very limited time. Also, the qualifications for union benefits were usually not low, at least compared to present-day standards in collectively bargained plans. By 1955, benefit payments made by AFL national unions had increased almost five-fold, totalling \$112 million. But this total is misleading since these payments were in the main concentrated in a handful of unions. The International Ladies' Garment Workers' Union accounted for almost 30 per cent of all payments. It and two other internationals made a majority of all payments. The new Congress of Industrial Organizations (CIO) national unions did not concern themselves much with benefit programs paid out of dues dollars. Their early concern was one of gaining employer recognition for collective bargaining rights and of survival in turbulent times.

In comparison to employer sponsored and collectively bargained plans, the union sponsored and financed welfare plans were relatively unimportant. The Douglas Committee of the Senate concluded in its welfare and pension plan investigation that "... plans of this sort . . . are at present relatively few and cover only small numbers of workers."¹ Wholly union-run welfare programs constitute only one-half of one per cent of all plans.

Commonly unions also make payments to members who are on strikes. To the member these payments ease the income crisis brought on by the strike and make it less necessary for him to call upon the community for help. To the union they raise the morale of the workers and make desertion of the union cause less likely. Building a strike fund to

¹ See United States Senate Committee on Labor and Public Welfare, *infra*.

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meet this eventuality is usually considered a necessity by union leaders.

Collectively Bargained Fringe Benefits

In the past few years, collectively bargained fringe benefit programs have gained much popularity, measured both in terms of their total cost and by comparison with similar benefits financed solely from the dues dollar. The development of this type of plan is recent, coming into prominence only in the post-World War II period. Actually some of the seeds for their growth were planted in the war period itself. The War Labor Board, in dampening the upswing of wages, relaxed its control in certain areas of "fringe" benefits.

Fringe benefits as discussed here include all that an employee receives in his employment other than cash payments at regular rates for work performed and other payments legally required to be paid by employers (such as the unemployment compensation tax). This definition is broader than that pertaining to benefit plans since it includes such non-cash items as paid vacations and holidays, paid rest periods, lunch hours, and clean-up times.

The available statistics give a good indication of the growth of fringe benefits. In 1947 they represented 12 per cent of total payroll, by 1951 constituted 16 per cent, and in 1955 totaled almost 19 per cent. In other words, almost one dollar out of every five received by employees is in the form of fringe benefits. Even this figure underestimates the importance of fringe benefits since frequently employees pay part of the cost of

these programs and thereby supplement the employers' contributions.

An idea of the magnitude of these benefits can be obtained from the estimates made by Skolnik and Zisman (*infra*) for the year 1957, as shown in the accompanying table. The total of over \$5 billion does not include any social insurance payments. See SOCIAL INSURANCE.

There follows a brief review of the current status of such important fringe benefits as health and welfare plans, pensions, paid vacations and holidays.

The term "health and welfare plans" embraces a wide variety of benefits, most importantly life insurance, hospitalization, surgical and medical care coverage, accidental death and dismemberment payments, accident and sickness benefits, maternal disability payments, and major medical expense insurance. In analyzing the health and welfare provisions of 300 selected major collective bargaining contracts, the Department of Labor found the following to be common practice:

1. Almost all the collective bargaining agreements had some provision dealing with *life insurance*. Usually this insurance was a group term policy with no cash surrender or conversion value. Most commonly the policy provided a uniform payment for all workers, a payment which ranged from \$400 to \$10,000. About half of the plans had provisions whereby retired workers were covered under the program but often with diminished benefit amounts. However, the plans with special provisions for the totally and permanently disabled commonly retained the same

COLLECTIVELY BARGAINED FRINGE BENEFITS

Type of Program	Estimated Amount of Benefits
Life insurance and death benefits	\$804.0 million
Accidental death and dismemberment	33.0 million
Hospitalization	1,707.3 million
Surgical and medical	876.9 million
Major medical expense	131.0 million
Temporary disability, including sick leave	690.4 million
Retirement	1,150.0 million
Supplemental unemployment benefits	25.0 million
Total	\$5,417.6 million

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level of benefits as was paid to the working employees.

2. Virtually all contracts analyzed contained provisions concerned with *hospital benefits* for workers and their dependents. These benefits were usually obtained through commercial insurance companies for cash payments or through a prepaid system such as Blue Cross. A majority of these plans provided for at least 70 days of coverage as a maximum. The prepayment system often allowed for semi-private accommodations, while the cash benefit system on the average allowed \$11 a day for room and board.

3. *Surgical benefits* were also almost universal for workers, and in 7 cases out of 8 were available for their dependents. Most commonly they were available for practically all operations arising out of non-occupational disabilities. A system of cash payments rather than service predominated. In the Blue Shield system, the doctors often agreed to limit their charge for certain lower income receivers to the amount allowed by the plan. The typical plan contained a detailed schedule of surgical benefits indicating how much would be paid for each type of operation.

4. *Medical benefits*, that is, payments for physicians' visits, were less common than life insurance, but still occurred in a substantial majority of contracts studied. Provisions including dependents in these benefits occurred in slightly less than a majority of cases. Most often these plans operated through cash payments rather than prepaid service. Almost all provided payment for the physician's hospital visit. Where payment was made for homes and office treatment by the doctor, the plans frequently required a waiting period for benefit eligibility in case of illness but not in the case of accidents.

5. *Accident and sickness payments* appeared in 8 out of 10 major contracts studied and provided payments for time lost rather than for services and expenses incurred because of a disability. Payment of these benefits commonly required that a person be under a physician's care, and in the case of sickness that a waiting period requirement be fulfilled, usually seven days. Payments

were either based upon flat amounts or were scaled to earnings by a percentage (such as 50 per cent of weekly earnings). About one plan in five provided payment in the case of occupational accident or illness, usually as a supplement to workmen's compensation.

6. *Accidental death and dismemberment benefits* appeared in a little over one-half of the cases. Almost always these were in addition to life insurance. About one-third of the plans covered only off-the-job accidents, while the remainder included additionally the work situation. Here again the collectively bargained plan supplements a government program, in this case workmen's compensation.

7. *Maternity benefits* were very common for both women workers and wives of workers. Quite commonly they were a part of some of the other benefits mentioned above, such as hospital, surgical, and medical.

8. *Major medical expense provisions* occurred fairly infrequently and covered only one-fifth of the workers studied. These provisions dealt with situations of extended illness when the regular programs have run out. They may include a deduction clause as automobile insurance does, or may pay a percentage of the bill, but usually have a maximum limit. Major medical expense provisions will become more common if the past pattern of closing the loopholes in health and welfare programs continues.

In addition to the health and welfare plans, unions have bargained for *pensions*. Here again the importance of collectively bargained plans comes to the fore in the past World War II period, specifically 1949-1950. These plans usually provide benefits for retirement at age 65 or later—the minimum commonly being 65. Besides age, a certain amount of employment time is often needed, such as 10 or 15 years, in order to obtain a minimum benefit. Many plans allowed early retirement, that is, at age 55 or 60, but with reduced payments. Often special retirement pay is given to those who are disabled. Some plans are tied in with the retirement provisions of the federal old-age, survivors, and disability insurance (OASDI) through an "offset" device, which means that the private plan pays

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the difference between the promised retirement income and OASDI. Though most plans are independent of the level of OASDI benefits, they are influenced by them in determining how much the union will bargain for. A number of pension plans have vested rights; that is, a worker retains his claim to retirement pay regardless of continued employment with the same employer. But vesting usually requires some minimum age and/or service requirements before it becomes operative. A more recent development has been the choice given the worker with regard to payment, the alternative being a reduced retirement pay which upon the worker's death passes on to the beneficiary.

Two other important fringe benefits are paid vacations and holidays. In 1940 *paid vacation* provisions covered about one-quarter of the organized workers and commonly offered only one week as the maximum. In sharp contrast stands the year 1957 when over 9 out of 10 major contracts provided for a maximum paid vacation of three weeks or more. To obtain this maximum, it was usually necessary to meet a certain service requirement, such as 10 or 15 years.

Paid holidays arrangements have also grown rapidly, moving from virtual insignificance in the late 1930's to inclusion in almost all major contracts in 1958. It is very common for contracts to provide seven paid holidays, the most frequently mentioned ones being Christmas Day, Labor Day, Thanksgiving Day, New Year's Day, Independence Day, and Memorial Day. Also, special premium pay often occurs for work performed on a paid holiday.

In 1955 a new form of welfare clause made its appearance in union contracts. This was *supplemental unemployment benefits* or what, in the heat of collective bargaining, gained publicity as the guaranteed annual wage. Supplemental unemployment benefit payments provide income for the laid-off worker in addition to the governmental program of unemployment insurance. Usually the qualification for obtaining these payments is the ability to meet and pass the eligibility test for unemployment compensation. Sup-

plemental unemployment benefit plans are of two basic varieties. The more common type involves payment, often on an hourly basis, into a common fund from which any eligible unemployed worker draws benefits. This system is actually a pooled fund in which individual contributions lose their identity. The other type of arrangement is a savings fund in which each individual worker has a certain amount of money credited to his account. When he is unemployed, he draws against his "account." Several of the plans are dovetailed to unemployment compensation, and are designed to provide a total payment equal to a certain percentage of take-home pay, commonly 65 per cent. The duration of such payments is most commonly limited to 26 or 52 weeks.

The collectively bargained benefit programs that have been described are the more important ones—more important in terms of coverage, cost, and prevalence. In addition there are frequently special provisions in contracts dealing with such matters as *call-in pay*, *rest periods*, *paid lunch time*, *shift and overtime differential pay*, *clean-up time*, and *dismissal or severance pay*.

Labor's Community Activities

In its early years the American Federation of Labor faced a fundamental problem—survival in an environment that had overwhelmed many other worker organizations. The mold that shaped the AFL to concern primarily with its own survival was not broken until the post-World War II period. The same is true of the Congress of Industrial Organizations. When these two organizations merged in 1955 to form the AFL-CIO, the constitution of the new union created a committee on Community Service Activities which had as its purpose to "stimulate the active participation by members and affiliated unions in the affairs of their communities and the development of sound relationships with social agencies in such communities."

In 1956 the AFL-CIO adopted a set of principles which explains clearly the union philosophy on community activities. These

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are presented below in slightly abbreviated form:

The union member is first and foremost a citizen of his community.

The union member has a responsibility to his community. He must cooperate with his fellow-citizen in making his community a good place in which to live, to work, to raise his children. He must be concerned about the availability of adequate health, welfare and recreational services for the whole community.

Unions have a responsibility for the health and welfare of their members and their families which extends beyond the place of employment.

The community has a responsibility to its citizens. It must be prepared to meet those social needs which individuals or families cannot meet adequately with their own resources.

Unions have elected to finance, support, and participate in existing community social service agencies rather than to establish direct social services of their own. To the degree that the personnel and facilities of social agencies serve all the people, they serve men and women of organized labor, and unions shall be encouraged to continue this policy.

Government has the basic responsibility for meeting the broad health and welfare needs of the people.

Voluntary or privately-sponsored social agencies and facilities occupy an important position in meeting the social welfare needs of the community. Major responsibilities falling within the scope of voluntary social work are the fields of character formation, child guidance, family counselling and youth activities, as well as in the area of experimentation and pioneering research.

It is the responsibility of organized labor to cooperate with other community groups in improving the quantity and quality of social services, while at the same time educating union members about the available health and welfare services and how to use them.

Assistance in whatever form should be given on the basis of need, regardless of the cause of the need and without regard to race, color or national origin.

Prevention of social problems is preferred to the best treatment of social ills.

These principles show that unions presently realize the importance of working with community groups and service agencies, who in turn do not find it difficult to accept the same principles.

In addition to labor's wanting to become involved with community activities, increasingly community and service organizations have reserved a position on important boards and committees for organized labor in order to obtain wholehearted support from all important community groups. Until recently union leaders received little recognition from society as a whole. Now in many communities they are recognized as respected leaders of significant social groups. One of the first signs of broader social recognition is their being called upon to serve with a federated fund drive or some other public organization. See CITIZEN AND VOLUNTEER PARTICIPATION IN SOCIAL WELFARE.

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† For addresses of periodicals listed see Appendix. U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

Legal Aid

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JACK W. SKEELS

LEGAL AID* is the organized provision of legal advice and representation to those in need of it but unable to meet the cost of securing it for themselves. It is given in connection with both civil and criminal cases.

Legal Aid in Civil Cases

For civil cases, there are six principal forms of organized legal aid: (1) The incorporated voluntary legal aid society, with a board of directors, usually representative of the community but having a majority of lawyers serving on it. One or more part-time or full-time lawyers are employed in such offices. Funds usually come from the united fund or community chest, sometimes supplemented by special contributions from lawyers. There were 98 organizations of this type in the United States in mid-1959. (2) Bar association offices (usually in the smaller cities) where most of the expense is absorbed in the administration of association activities. In 1959 there were 33 such offices. (3) Referral offices, where there is central intake, screening, and processing, done usually by a non-lawyer. If the client is found to be eligible for service, referral is made on a rotating basis to members of a volunteer panel of attorneys. At the last statistical recording there were 41 of these offices. (4) Partly autonomous departments of social agencies, in which the legal work is integrated with the operation of the agency. Ten cities had such arrangements in 1959. (5) Law school clinics operated either independently of or in cooperation with an existing legal aid society. There were 34 such clinics in 1959 with 13 being run solely by the law schools. (6) Public or

municipally operated and supported bureaus, of which there were five.

Operating as a specialized type of law practice, legal aid in the civil area deals primarily with small claims, wage assignments, garnishments, evictions, child support, and other matters involving debt problems and domestic difficulties. A recent analysis of a quarter of a million of such cases revealed the following regarding their nature, source, and distribution¹:

<i>Nature of case</i>		
Economic	30	per cent
Family	39	" "
Property	16	" "
Other	15	" "
<i>Source of case</i>		
Legal groups	12	" "
Social agencies	11	" "
Employers	3	" "
Other clients	15	" "
Other	59	" "
<i>Disposition of case</i>		
Consultation only	54	" "
Consultation and referral	21	" "
Service completed		
without court action	14	" "
Closed after court action	6	" "
Terminated after partial service	5	" "

A close relationship between the legal aid office and community social service agencies is always sought since many of the applicants for legal aid have social, economic, and domestic problems which cannot be solved by application of the law alone. More than 75 per cent of the legal aid organizations receive community fund support.

Defenders in Civil Cases

To represent indigent persons charged with violation of criminal law, there are three types of "defender" service: (1) The assigned counsel plan, whereby the judge of the court calls a private attorney to represent a defendant who is up for trial. In a few states compensation is provided on a limited basis,

* For current information regarding developments in the legal aid field, the reader is referred to the National Legal Aid and Defender Association, American Bar Center, Chicago 37, Ill.

¹ 1958 Annual Statistics, National Legal Aid and Defender Association.

usually restricted to capital cases, and then frequently the fee is only a token. (2) The public defender plan, of which there were 77 in 1959, some operating with full-time and others with part-time personnel. Support for this type comes from tax funds. (3) The voluntary defender plan, receiving financial support from voluntary sources such as the community chest. Of these there were eight. In addition there were two defender offices receiving support from both governmental and voluntary sources.

There is a divergence of opinion as to which form is best, but with agreement that the defendant should have representation which is immediate, loyal, competent, and full.

The need for adequate defender services has been made more urgent by recent decisions of the United States Supreme Court. The Court has held that under the due process clause of the Constitution, every defendant in the federal courts must have counsel unless he intelligently waives this right. Further, in the state courts all defendants in capital cases must likewise be represented, and those charged with other felonies must have an attorney if the presence of counsel is necessary for a "fair trial." As a result many communities are increasing their efforts to provide counsel for the indigent accused of crime. Bills providing for public defenders in the federal courts have been introduced in Congress during the past few years but so far have not been enacted into law.

Development of the Program

The philosophy that in a democracy everyone, regardless of his financial ability, should have ready access to lawyers and the courts is generally accepted today. The principles of equality before the law, due process, and right to counsel are so frequently proclaimed that they have become shibboleths in the literature of rights and privileges. *See* CIVIL RIGHTS AND CIVIL LIBERTIES.

Lawyers have always given of their time and talents to aid those too poor to pay fees. Some have been more generous and more

readily available than others. Prior to the industrial revolution, and even now in rural areas, this method of giving free legal services on an individual basis has usually sufficed. But with the growth of urban centers, the increased mobility of the people, and the extension of law to more areas in the lives of average citizens, the problem became too large and complex to be solved on such an informal basis in the larger communities.

Organized legal aid, beginning with the German Society in New York City (1878) and the Bureau of Justice in Chicago (1888), has existed in some parts of the country for more than eighty years. Today, as reported above, there are 200 offices handling civil cases, where more or less uniform practices are followed and services of part-time or full-time lawyers are available for eligible clients; and in addition there are 87 public defender offices assisting indigents charged with criminal offenses.

Although these figures represent more than a two-fold increase during the past decade there are still 12 cities with more than 100,000 population each that have no legal aid societies; some 20 large cities that have relatively weak "paper" organizations; and about 18 cities of the 75,000 to 100,000 population group that have no organized legal aid.

National Legal Aid and Defender Association

The National Legal Aid and Defender Association (NLADA), which spearheads the development program of legal aid in the United States, was incorporated in 1949 as the National Legal Aid Association. It is an outgrowth of the former loosely confederated National Association of Legal Aid Organizations, established in 1923. The NLADA was formed to give more strength and greater continuity to the national movement, and to make it more representative of the national community, the legal profession, and the existing legal aid organizations themselves.

In 1953 an intensified development program was launched with the following objectives: (a) to establish a legal aid society in as many as possible of the 68 large com-

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munities then without organized service except possibly on a volunteer basis; (b) to strengthen the service materially in at least the majority of communities of similar size which had facilities so inadequate that the service rendered was less than 3 cases per 1,000 population (some 60 cities); (c) to improve long-range financial support of the Association; and (d) to make a start on a national program to provide better representation of indigent persons in criminal cases. The success of this development program has been pronounced.

A generous three-year grant made in 1956 by the Ford Foundation enabled the Association to expand its program to include the defender as well as the civil field.

The development program is only a small part of the work carried out by the Association, which has as one of its main tasks assisting local societies to achieve and maintain standards of competence. Services to such individual members consist of field visits, surveys, directory and referral services, the publication of the *Legal Aid Brief Case*, collecting and publishing statistics, research, and providing annual report forms, docket cards, and other pamphlets for local distribution.

Funds to operate the Association come principally from three sources: annual dues paid by the various local member organizations, professional (lawyer) memberships, foundation grants, and corporate gifts.

In 1956 the headquarters of the Association was moved to the American Bar Center in Chicago. This removal has enabled the Association to work more closely with the Committee on Legal Aid Work and other related programs of the American Bar Association, and has placed it geographically in a more advantageous position. Although it is a completely independent organization, the National Legal Aid and Defender Association is officially affiliated with the American Bar Association.

Social agencies, realizing that legal aid is to a considerable extent a community responsibility, have been very active in making

surveys to determine need and to publicize the value legal aid has for society generally. Many community chests and united funds have accepted responsibility for the maintenance of the societies once their need is demonstrated.

In some societies volunteer service is given by such groups as The Lawyers' Wives (in Los Angeles) and the Junior League.

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MEDICAL CARE. In current administrative usage the term "medical care" generally applies to the provision of all direct services to the individual relating to his medical and other specific health needs. These services may be required in the interests of maintaining health, preventing specific illnesses, detecting and treating illness or injury, and rehabilitation after illness or injury. The services involved are rendered directly by physicians or other qualified professional persons and may require the use of adjunctive facilities such as clinics, hospitals, and laboratories. It follows that the term will also be applicable to the functions of those organizations that have been developed primarily for the purpose of providing and rendering such services, including prepayment programs. The administration of these services and programs may be appropriately referred to as "medical care administration."

This definition of medical care does not include health services rendered in behalf of the community such as environmental sanitation, health education, information gathering, control of epidemics, and many other functions that constitute the mass prevention and health maintenance activities of the field of public health. *See PUBLIC HEALTH.* However, many functions of public health, such as well-child conferences, also involve medical care just as many medical care activities, such as immunization against communicable diseases, may be in the interests of community health. Actually, the line of demarcation between these two areas is becoming increasingly obscure.

Nature and Extent of Need for Medical Care

Unfortunately, there is no simple way to establish a valid method for either defining or measuring the need for medical care in absolute terms. This is because it involves a changing variable—the status of applicable medical scientific knowledge—and at the same time depends upon the exercise of a choice on the part of those who might conceivably benefit from the application of such knowl-

edge; that is, will they or will they not avail themselves of it? Since it is doubtful that anyone enjoys perfect health, we might say that everybody is in need of medical care or, at least, that a person needs medical care when he has a health problem for which medical science has something to offer. However, this would not be very realistic. Several surveys, such as that in rural Michigan and more recently those completed in Baltimore and California, have shown that many people with symptoms of illness do not seek medical care and that thorough medical screening reveals something "wrong" with most of us. Of course, many of these conditions are either minor, or incapable of cure and better forgotten, or they are conditions that we would rather live with than go to the trouble or expense of doing anything about. Then, there is the other side of the question—the gigantic, and perhaps impossible, task of so organizing our available medical care skills and resources that care could be provided for all of these conditions. For the present we are obliged to measure the need for medical care either in terms of the evidence of a demand for it or in terms of some arbitrarily established standards that may be applied to illness data obtained from surveys. The most recent surveys show very clearly that even by such arbitrary standards the unmet need is in excess of our current physical and economic capacity to meet it.

Chronic disease and disability are now recognized as our greatest health problems and they may be expected to increase further with the growing numbers of aged persons in the population. Furthermore, these diseases are the most serious socially because of their effect on earning power, living standards, and the happiness of the individuals and families concerned. Our earlier sickness surveys, such as the National Health Survey of 1935-1936, reveal many apparent correlations between the frequency and duration of serious illness and socio-economic factors. As might be expected, these problems were disproportionately heavy in rural areas, especially in the southeastern United States and among low

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income, poorly housed, and poorly educated families. Although these differences associated with socio-economic status still exist, their magnitude has been strikingly reduced during the past two decades.

Social Response to Need for Medical Care

Man's health problems, to the extent that they were recognized, have occupied a high place among the social values of all civilizations and cultures. In contemporary Western society we find his response quite firmly institutionalized in terms of the practice of medicine and its auxiliary or supporting professional services, and in terms of hospitals and various other types of clinics, convalescent homes, sanitariums, and so forth. While the practice of the "healing arts" is not restricted under most state laws to so-called *regular* practitioners of medicine, the actual numbers of *irregular* practitioners and *cultists* and of persons served by them is not large.

The 78 accredited four-year medical schools in the United States are currently graduating about 7,000 physicians a year. This is less than 3 per cent of the entire physician population, and may well be exceeded by the attrition of active physicians through retirement or death. At the same time, the population to be served is increasing at a net rate of approximately 1.5 per cent a year. Under these circumstances it seems unlikely that we shall soon see any improvement in the current ratio of physicians in active private practice to population, which is approximately 1 to 750. There may well be a deterioration in this ratio for some years to come. Furthermore, physicians in active practice are not distributed proportionately throughout the country. The ratio of physicians to population in 1950 varied from 1 to 500 to 1 to 1,500 among the states, the industrialized, urbanized, northern areas tending to be the most favored. Doctors prefer to locate where there are hospitals, professional contacts, and financial security, and no change in this tendency seems imminent.

Thus, we are confronted with the dual problem of a stabilization of the supply of

physicians in the face of both a large unmet backlog of potential need for their services, and a probability of an increasing public demand for medical care. The chief hope for solution of this problem appears to lie in the potential for increased efficiency in the use of the facilities and services available, and in more emphasis on prevention and early detection of illness—for example, through the use of "multiphasic screening" programs.

The National Hospital Survey and Construction Act of 1946 stimulated a great deal of constructive study and development of hospital facilities. Attention was first given to general hospital facilities for the more rural areas, with the objective of providing about 4.5 general hospital beds per 1,000 population—either close at hand or through the establishment of a service relationship with hospitals in the larger centers. This type of program is sometimes referred to as a "regional" plan. More recently, the provisions of the Act have been extended to the development of chronic disease hospitals or units in general hospitals, to health center construction, and to the support of rehabilitation facilities.

Advances in medical science have materially shortened the average duration of hospital stay in general hospitals. Conversely, there have been new trends toward greater use of hospitals. The advent of more complex diagnostic and therapeutic procedures has made home and office care less suitable for many conditions, and the rapid growth of prepayment insurance for hospitalization has tended to remove the financial barriers to hospitalization. The net result has been that the need for general hospital beds has remained about the same for several years.

Despite the considerable attention that has been given to the improved supply and distribution of hospital beds and to increasing the supply of physicians, no really adequate answer has yet been developed to assure the geographic availability of these, especially the latter, to all parts of the nation or to all population groups. The rural farm population, the poorer towns and communities, and some of the minority racial groups remain seriously

lacking in this respect, though the growth of health insurance has had some salutary effect.

Quality of Care

It is not enough to assume that medical care will be geographically available; it must also be financially within reach, and it must be of good quality. The financial aspects of the problem have received a great deal of attention in the past several decades and will be discussed later. The qualitative aspects have not received equal attention but it would be inaccurate to imply that they have been neglected.

The granting of a license to practice medicine and surgery is the prerogative of the states. As a means of assuring quality this, by itself, is quite inadequate and it must be supported by other safeguards. These exist but they vary considerably in terms of their adequacy in different localities. One of the most important and successful controls has been through the activity of the organized medical profession. The American Medical Association has had a tremendous influence on the standards of medical education in medical schools ever since the Flexner report on "Medical Education in the United States and Canada" in 1910. The Association also does a great deal to maintain the level of medical practice through its journal and through the work of its various councils. Notable among these has been the work of the Council on Pharmacy and Chemistry which maintains a most worthwhile vigilance over the production and sale of new drugs and other remedies.

The county medical societies and state medical societies attempt to control unethical practices and, through so-called "grievance committee" action, will take the steps necessary to discipline any of their members who may be guilty of misconduct, poor practice, excessive charges, and so on. More recently there has been an increasing amount of surveillance and control over the quality of practice through the action of hospital staffs. For example, they may institute clinical-pathological conferences at which all fatalities are carefully reviewed; record-review committees that re-

view the adequacy of the clinical records and treatment of cases; "tissue committees" that review all surgical pathological specimens; and a variety of staff conferences and post-graduate educational offerings for their members.

Despite these evidences of the desire to provide and maintain care of high quality on the part of most physicians and hospitals, there are evidences that this goal is not always attained. The most perplexing aspect of this is, perhaps, the inability of the average patient to evaluate the care he is getting, or of the potential patient to know how to make a wise choice in selecting his personal physician. Actually, beyond the few methods mentioned, it is difficult for the medical profession itself and those most closely allied with medical care administration to evaluate the qualitative adequacy of their own or other's medical care services.

Utilization of Medical Care

In terms of services and facilities the items involved in the provision of medical care are many. While some data are available on most of these, the two most commonly used as indicators are physicians' services and hospitalization.

Physicians' services generally are recorded in terms of visits to the physician per person per year. Such "visits" include home, office, and clinic. In some studies hospital calls and telephone consultations also have been counted but this is not usually the case. Preliminary results from the current United States National Health Survey¹ indicate that in 1957 the average person (all ages) used 4.8 physician visits per year. As might be expected, the highest frequency occurred during the first year of life, following which it fell rapidly during early adult life and gradually increased with advancing years. It is of interest that females made more such visits than did males, at all ages above 15 years and not

¹ This survey is being conducted on a continuing basis by the Public Health Service in cooperation with the Census Bureau. It is done on a population sample. The survey was instituted in 1957 by act of Congress.

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just during the child-bearing period. As is well known, in terms of mortality rates females have lower rates at all ages throughout life so the above finding is somewhat unexpected.

The pattern of utilization of physicians' services in this country has undergone a considerable shift away from home care. Whereas 30 years ago about 40 per cent of the visits were in the home, only 8 per cent of them are today. In the United Kingdom, under the British Health Service system, on the other hand, the recent trend has been toward a restoration of home visiting. Another time trend of some importance may be seen in the fact that 30 years ago there was quite a sharp contrast between the use of physicians' services among families with incomes under \$3,000 and those having more than this. Today, the income differential appears to be of almost no consequence, even for the very low income families. Preliminary data on the use of dental services indicate an average of 1.6 visits per person per year. The peak of utilization appears at about 30 years of age when the average for the urban population is about 3 visits and for the rural is about 2. Interpretation of these data on utilization must be made with some caution. For example, being averages they disguise the fact that some 30 to 40 per cent of the population do not use any physician service in a given year and, similarly, some 60 per cent do not use any dental service.

Data on hospital utilization for the interview year July 1957-June 1958 from the United States National Health Survey indicate that among the civilian noninstitutional population of the continental United States there were 99.4 discharges per 1,000 persons. The average length of stay was 8.6 days. The number of discharges and the length of stay for this time period varied by age, sex, and family income. These statistics from the Survey are limited to short-stay hospitals, that is, those types of hospitals in which most patients stay for less than 30 days and which account for approximately 97 per cent of all hospital discharges.

A recent study of persons in New York

City having health insurance coverage of such a nature as to remove most of the financial barriers to hospitalization is of interest. This study showed that in 1955 there were between 80 and 90 general hospital admissions per 1,000 population per year. The average duration of stay was between 10 and 11 days. Both admission rates and length of stay are influenced by age and sex. This important frequency of hospital admissions is considerably lower than the national estimates for the total population for 1956 which gave a figure of 129 admissions per 1,000 covered population.

The dollar amount spent annually has been increasing steadily for at least the past two decades. This appears to have been the result of both the lowered purchasing power of the dollar and actual increases in the cost of medical care as the result of scientific advances. Thus, we see that on the basis of the consumer price index used by the Bureau of Labor Statistics, while the general index has risen about 100 per cent since 1940, the index for medical care increased about 90 per cent. Out of each dollar spent for medical care about 29 cents went for hospital care, 27 cents for physicians' fees, 26 cents for medicines and appliances, 11 cents for dental care, and 6 cents for all other items.

Estimates of personal per capita expenditures for medical care (including the cost of health insurance) have increased sharply from \$52 in 1947 to \$88 in 1957. However, this increase has been compensated for to a considerable extent by increases in personal income. Thus, on the average, the proportion of total personal (or family) income expended for medical care in 1947 was 4.2 per cent and by 1957 had increased to 4.9 per cent. This level of expenditure has remained remarkably constant at between 4 and 5 per cent for several decades. Obviously, this average varies with factors such as family income level. The lower income families usually spend 7 to 8 per cent of their total income for these services.

The estimates of the Social Security Administration for 1957 place average family medical care costs at \$270 per year, including

costs of health insurance but not including services provided as insurance benefits. During that year the median family income was in the vicinity of \$5,500 for the United States as a whole. Quite apart from the fact that the costs of medical care in any given year fall very unevenly,² it should be evident that the average family with an income of \$5,500 or less might be expected to have rather a difficult time budgeting or finding money in excess of \$270 to meet any unusual medical bills. Moreover, in any single year no family can safely assume that its medical care needs will perform on the average pattern. It is the increasing recognition of this problem that underlies the phenomenal growth of health insurance.

Organized Forms of Medical Care

Viewed as to purpose, the patterns of organized medical care are several. Broadly classified, they may be considered as patterns intended to supply medical care services and/or facilities directly for some particular condition such as tuberculosis or mental illness; to supply the needs of a particular population group, such as veterans of military service, wards of the government, or the medically indigent; to meet, wholly or in part, the costs of medical care, such as health insurance programs; and to facilitate the actual provision of medical care services in an operational sense, such as clinics and medical group practice arrangements. These different approaches are by no means mutually exclusive and will be found operating in various combinations: for example, group practice and prepayment, public assistance and voluntary health insurance. All organized programs are under one or the other of two types of sponsorship—public or private. Public programs depend on general tax revenues or special sources such as the social security tax, disability insurance, or other social insurance

laws. They are controlled by some agency of government. Private programs may be either proprietary (profit making) or nonprofit. They are usually spoken of as being "voluntary" in character.

Governmental Programs

Generally the programs directed at some specific need or population group are tax supported and administered by an appropriate agency of government. The federal government, through the Public Health Service, provides medical care for merchant seamen, Indians on reservations, federal prison inmates, and a few other special groups. In addition, in 1958 the Public Health Service spent about \$35 million in grants-in-aid to the states to assist them in disease control programs administered by health departments. Part of these grant funds may be used in direct treatment services although their primary purpose is usually for program development and demonstrations. The 1958 amendments to the Social Security Act authorized the federal Children's Bureau to make another \$41.5 million in grants-in-aid available to the states in support of maternal and child health and crippled children's services. Of this about \$32 million was actually appropriated. *See CHILD WELFARE.* The federal Office of Vocational Rehabilitation assists state rehabilitation programs through similar grants. It now effectively rehabilitates about 80,000 persons a year. *See VOCATIONAL REHABILITATION.*

The military services not only provide care for their enlisted and supporting civilian personnel but, under certain circumstances, for their families under the so-called "medicare" program. According to the Hoover Commission report, in 1953 federal responsibility for the provision of partial or complete medical care reached about 30 million persons.

Direct medical care is provided extensively at the state level in only two fields, tuberculosis and mental illness. The majority of hospital beds for these two areas of need are financed and operated by the state governments, and the great majority of persons re-

² According to the Health Information Foundation study of 1953, eleven per cent of families spent over \$400, and one per cent spent over \$1,000 annually. The latter group would include over 500,000 families. Conversely, nine per cent of families spent nothing for medical care and 30 per cent spent less than \$100.

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quiring hospitalization for either of these two forms of chronic illness receive care at public expense.

Medical care services for public assistance recipients are characterized by great diversity in both the extent and quality of care given. They also vary greatly in the pattern of administrative organization, as do public welfare services generally, from programs in which there is both state and federal participation through grants-in-aid and subventions, to very limited programs operated and financed entirely within local municipal or county jurisdiction. Traditionally, responsibility rests with local jurisdictions with varying degrees of state supervision and assistance. There appears to be no reliable means, short of special surveys, to determine the exact picture of this element of service as well as of public assistance practices as a whole. The Social Security Administration estimates that such services are currently provided to between five and six million persons in the so-called *categorical assistance* groups and to some three to four hundred thousand persons who are receiving *general assistance*.

The Social Security Act provides for federal aid, through the states, for certain categories of public assistance expenditure including medical care. Since the 1958 amendments these have included old age assistance, aid to dependent children, aid to the blind, and aid to the permanently and totally disabled. The federal government, through the Social Security Administration, will reimburse states for expenditures made to or in behalf of public assistance clients in these categories according to certain formulas and regulations. The best readily available source for keeping currently informed of these provisions, the amounts spent, and number of persons involved, is the *Social Security Bulletin*. See PUBLIC ASSISTANCE.

In October 1952 the American Public Welfare Association and the American Public Health Association issued a joint study committee report, *Tax-Supported Medical Care for the Needy*.³ This excellent statement is

³ See under American Public Welfare Association, *infra*.

strongly recommended reading for those interested in this subject. Appended to this report is an annotated bibliography which, though now a little old, remains a most useful source of reference.

Social Insurance and Medical Care Provisions

The concept of social insurance is probably most highly developed in Western Europe but it is not new in this country. Workmen's compensation insurance was first adopted here at the end of the first decade of this century but the major steps in this direction awaited the passage of the Social Security Act in 1935. Social insurance has certain characteristics that distinguish it both from other types of insurance and from public assistance with which it was at first improperly confused. It is compulsory, mandatory upon those concerned, as a matter of law. Also, it usually is financed through a tax upon payroll, paid by the employer, employee, or both. Finally, in contrast to commercial insurance, the benefits usually relate to the amount contributed but they do not do so in full proportion; that is, there is a sharing process in which the higher income earners contribute at a higher proportionate rate in terms of their ultimate benefits than do the lower income earners. See SOCIAL INSURANCE.

In the United States there is no general social insurance coverage for illness and medical care (compulsory health insurance). However, sickness and/or disability provisions exist in four current social insurance patterns: workmen's compensation; disability provisions of federal old-age, survivors, and disability insurance; disability insurance in four states (Rhode Island, California, New York, and New Jersey); and the Railroad Retirement Act.

Voluntary Programs

These may be considered under two headings: programs voluntarily established by private groups such as industry; and a large variety of activities that come under the term voluntary health insurance.

1. Industrial programs. An interesting type of provision of medical care for special groups has been the development of the so-called industrial medical care programs. These are, broadly, of two types: (1) In-plant programs that are concerned almost entirely with the accidents and illnesses of the worker while at work. Such services, even in minimal form, are to be found in only about half of the industrial establishments in the country. (2) General medical care programs sponsored by the employer for the total health and medical care of his employees and, frequently, their families. For the most part, these were started by companies that were operating under conditions where such care would not have been available otherwise. For example, the first major program of this sort was that of the Southern Pacific Railroad in 1869. The growth of these programs has not been extensive and today there probably are not more than three to four hundred thousand persons eligible for benefits under them.

Industry, and especially the organized labor movement, has had a great deal to do also with the recent phenomenal growth of health insurance in this country. The postwar development of "fringe benefits" as an important element in labor-management negotiations and the consequent development of joint health and welfare trust funds has been accompanied by a growing interest on the part of labor and union leadership in obtaining the best possible health insurance benefits. See LABOR AND SOCIAL WELFARE.

2. Voluntary health insurance. There have been several abortive attempts made in the United States during the past forty years to enact so-called "compulsory health insurance" legislation both nationally and at the state levels. In general, these proposed to establish a contributory tax system in which both the employers and employee would participate. Covered workers and their families would receive care much as it is given under the present Blue Cross and Blue Shield programs.

However, opposition to such proposals has usually been strong on the part of organized medicine and related professional groups, the drug industry, the insurance industry, and

those groups that are ordinarily opposed to further extension of the social insurance concept as a governmental function. The arguments against such a program are many but tend to revolve, in principle, about problems of the possible governmental control of medical practice; the interposition of a barrier, or "third party," in the normal doctor-patient relationship; interference with the freedom of choice of physician on the part of the patient; and general opposition to any step that might be considered as a move toward socialization.

The proponents of national compulsory health insurance point out that the types of plans proposed in national legislation, especially those of a decade or so ago, were intended to make full use of the existing system of medical practice and nonprofit, service-type health insurance programs; that they did not contemplate "state medicine" or socialized medicine, in the sense of the British system; that freedom of choice of physicians would be preserved; and that the professional doctor-patient relationship would be safeguarded. They argue that it is only through some such system, widely applicable to nearly all of the population, that the economic burden of illness can be met and a desirable degree of utilization attained of all that medical science has to offer in the promotion and preservation of good health.

There are other serious students of the subject who believe that the problem involves a great deal more than economic aspects alone. They believe that problems of equitable distribution of medical and health services and of the maintenance of their quality also must be solved, and that a great deal more study and experimentation in these areas is indicated before this country will be prepared to make wise decisions with respect to compulsory medical care programs at the state and federal levels.

Types and Characteristics of Health Insurance

The terminology in the field of insurance often confuses those who are unfamiliar with it and a few simple explanations may be use-

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ful at this point. Health insurance may be described in terms of several major characteristics:

1. In terms of the type of carrier or sponsorship. Health insurance may be referred to as *commercial* insurance or as *nonprofit* insurance. Commercial insurance is that written by a commercial insurance company and implies a profit-making motive in addition to the service involved. Nonprofit plans are typified by Blue Cross, Blue Shield, group cooperative plans, and so on. They exist only for the purpose of providing the services specified and do not have a profit motive. As of the present, commercial ventures into the health insurance field do not appear to be very attractive from the profit angle and most carriers involved are not in this field exclusively but carry it as a side line for public relations and policy reasons. Both commercial insurance and nonprofit insurance are properly referred to as *voluntary* health insurance inasmuch as enrollment is subject to the volition of those who subscribe. However, in certain types of contracts based on labor-management negotiations, the degree of volition left to the individual enrollee is open to question.

Another type of sponsorship is *public* or *governmental*. As already noted, such sponsorship usually involves tax-supported financing and is compulsory in character both with respect to the persons covered, though they are not compelled to use it, and with respect to the persons who pay for it and the amounts paid.

2. In terms of the method of payment of benefits. The two major types of payment involved are *cash indemnity*, and *service*. Usually a plan falls clearly into one or the other category but in certain cases elements of both are present. In general, cash indemnity refers to the payment to the enrollee of cash to repay him for costs or other losses connected with an illness. The payments follow the amounts and limits set forth in the insurance contract.

Service plans, on the other hand, usually do not pay anything to the enrollee but make their payments directly to the physician, hos-

pital, or other vendor of services. Ordinarily the contracts in such plans specify the kinds and amounts of services that will be provided and not their dollar values. There may be a basic fee schedule setting forth the upper limits in dollars for certain items, for example, surgical fees.

3. In terms of method of insurance underwriting or enrollment. The two principal methods of enrollment are *group enrollment* and *individual subscription*. Group enrollment usually is offered only to properly constituted groups of people, usually groups of employees, when a major proportion (for example, 75 per cent) of the members agree to accept a given plan. The minimum size of the group allowed varies but some carriers will accept as small a group as 10 members.

Individual subscriptions is just what the term implies. It is more costly and likely to be attended with more restrictions and require a physical examination prior to acceptance. In some situations group subscribers who cease to be eligible for group membership are allowed to *convert* their policies to individual membership and continue their coverage under conditions somewhat more favorable than a new contract. For example, a person who ceases to be eligible for group membership because of retirement might be granted the conversion privilege. Individual policies usually have more restricted benefits. On the average they return about 50 to 60 cents in benefits for each premium dollar. In contrast, nearly all well-managed group plans today return better than 85 cents on the premium dollar.

4. In terms of benefit coverage. The majority of health insurance policies provide definite limits on the amount of service, dollar costs, days of hospital care, and so forth, covered. These are called *regular* or *basic* policies. There is a tendency to increase the benefits offered as the field becomes more competitive. Certain organizations offer what has long been referred to as *comprehensive coverage*. Such plans usually are associated with medical groups. Although these plans, too, have their outer limits they tend to cover a much wider range of services and usually include

home and office visits, preventive services, periodic physical check-ups, and sometimes home nursing.

A comparative newcomer to the field is the *major medical expense* (catastrophic) policy. This is usually a cash indemnity plan and, with certain restrictions, provides almost unlimited payments up to the total amount of the contract, which may be \$5,000-\$10,000, or even more, for a single illness or year. This type of contract usually requires a so-called *corridor* payment (deductible expense) of several hundred dollars or the exhaustion of a basic policy, such as Blue Cross, before it becomes effective. In addition, it commonly requires the beneficiary to *coinsure* by paying 20 to 25 per cent of all costs, with the company paying the remainder up to the limit of the policy. This coinsurance feature is intended to discourage unnecessary expenditures.

Growth of Health Insurance

The setting and circumstances of the past two decades appear to have been most favorable for the concept of voluntary health insurance, and this period has witnessed an almost phenomenal growth in the number of persons covered by so-called *voluntary health insurance*. This has been brought about through private commercial insurance contracts and through nonprofit plans such as Blue Cross, Blue Shield, and a variety of group practice prepayment plans including so-called cooperatives.

Allowing for duplication arising from persons protected by more than one type of policy, the estimate as of December 1957 given by the Health Insurance Council claimed hospital expense protection for 121 million persons. Of these, 108 million had surgical expense protection, and 72 million had "regular medical expense" protection. In addition it is known that about 5 million had comprehensive coverage and 13 million had major medical expense coverage. These plans, all together, provided for about \$4 billion in sickness benefits annually or about 25 per cent of the total estimated amount

spent by the entire population of this country for private medical care services. While few plans have met the entire cost of illness in individual experience, the level of protection for hospital expenses is the most encouraging. According to the Health Information Foundation study in 1953, 60 per cent of the families having hospital expenses had 80 per cent or more of these expenses met through insurance payments.

With the growing importance of labor union-management trust funds as the chief means for supplying group health benefits for a large segment of the working population, certain problems are emerging that will require continued study on the part of the insurance programs if they are to meet the growing demands for coverage. For example, plans that are strictly local, which group practice prepayment plans almost have to be, are handicapped in meeting the needs of the employees of the larger industries that tend to contract on an industry-wide, often nationwide, basis. The commercial insurance industry can meet this situation most easily, and the Blue Cross and Blue Shield plans have established a nationwide mechanism for making such contracts. On the other hand, the comprehensive type of coverage most frequently offered by group practice plans appeals particularly to labor leadership. In the absence of any other solution to this problem some labor unions, such as the United Mine Workers, have established their own systems and others are considering doing so.

Problems of Special Groups

The potential success of voluntary health insurance in meeting the costs of medical care will be determined by the degree to which it can be made attractive in terms of benefits provided and accessible in terms of individual and family purchasing power. Currently the principal means of financing coverage is through opportunities peculiar to employment. Often the premium costs are paid by the employer. The self-employed person is likely to be denied the advantages of group participation unless it can be arranged

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through business or professional societies, or fraternal and similar organizations. He will also have to meet the full premium cost himself. In an urban setting this should not impose too severe a barrier for the average person who has steady work. However, in sparsely populated rural areas and farming regions, unique problems arise that require special and often quite original answers. As difficult as it may be, there is evidence that methods can be devised to reach these people.

More difficult are the problems of the unemployed, the so-called "casual" workers in industry, farm laborers, and other very low cash income earners who are not eligible for any sort of employer-sponsored or employment group plan. Moreover, these people are often considered, actuarially, as poor risks and are generally unattractive from the viewpoint of the insurance carriers.

Finally, the problem of providing health insurance coverage for the aged is now recognized as one of increasing importance but without any readily evident solution. Well over half of the 14 million persons over 65 years of age currently have no health insurance protection whatsoever. Not only do they comprise a group with a much higher medical care need than the rest of the population, but also the great majority of them must live on pensions and other income sources at a level that leaves little extra for illness. While many health insurance plans now permit subscribers to continue after reaching 65 years of age, they must usually do so at appreciably higher premium rates and with reduced benefits. Such an arrangement is not a satisfactory solution even for those who are lucky enough to be able to continue their enrollment—and many of them cannot do this. See THE AGING.

While no ready answers to these more serious residual problems appear at hand, it is encouraging to note that a good deal of thought is being given to these needs and worthwhile experimentation has been undertaken. The so-called Forand Bill, now (in 1959) stirring up controversy, is a case in point. But there is a great deal that remains to be done.

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EDWARD S. ROGERS

MEDICAL SOCIAL WORK is social work practiced in a responsible relationship to medicine and public health within the structure of programs of health and medical care. Initially, this field of social work practice was concerned almost exclusively with the social needs and problems of ill persons under care in hospitals and clinics. Over the years, medical social work has progressively related itself to the goals and functions of such other social and health institutions as official health agencies (local, state, federal), voluntary health agencies (for example, the National Foundation), rehabilitation centers, and medical care divisions of public welfare agencies. A trend toward increased and more purposeful involvement in community health planning is evidenced in the current program emphases and activities of the Medical Social Work Section of the National Association of Social Workers.¹

As the concerns and boundaries of medical social work have been enlarged to encompass not only the social needs and problems of individual patients receiving care in hospitals and clinics but also the social and health

¹ See National Association of Social Workers, Medical Social Work Section, *Report of the Special Conference on Community Health (infra)*.

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needs of groups of patients, of the families of patients, and of the immediate and broader community, its professional processes have come to include all three of the basic social work processes: social casework, social group work, and community organization. In fulfilling the expectations and requirements of his different professional roles in hospitals, clinics, official and voluntary health agencies, rehabilitation centers, and public welfare agencies, the medical social worker performs one or more of the following functions: direct social casework service to individual patients within the context of their family group; social group work with groups of patients and/or relatives; consultation to other members of the clinical or health team and to community social and health workers; supervision of junior social work staff members; administration of the social work unit or department; education of social work students; interdisciplinary teaching (medical, nursing, and other students); and finally, participation in research effort and in community health planning.

Historical Development

In the United States, medical social work was first established in 1905 at the Massachusetts General Hospital in Boston at the request of and under the direction of Dr. Richard Cabot, who recognized the need to understand more of the patient's social situation as it affected his total medical problem and to help the patient to make the wisest use of his own and the community's resources. Shortly thereafter, medical social work was started at Bellevue Hospital in New York City. At first, hospitals accepted this new program slowly, but over the years their acceptance of it has steadily increased. From civilian hospitals the movement has also spread into specialized hospitals such as those for patients with mental illness, tuberculosis, and crippling conditions. In 1950, one-fourth of all tuberculosis sanatoria were reported to have social service programs.

Since 1920 there has been a slow but steady development of social work in public health

programs at the local, state, federal, and international levels. This was encouraged markedly by the new services available under the social security program, especially in relation to the crippled child. Most of the states and territories now have medical social work in their departments of health where, because of the size of the population served by the health department, the major function of the medical social worker is that of social consultation. As medical social workers are added to local health departments, more direct social casework is practiced.

As medical social work programs have developed in hospitals and public health departments they have had encouragement not only from professional medical organizations, which see this program as a contribution to the adequate clinical practice of medicine, but also from the American Hospital Association and the American Public Health Association.

Factors Influencing Development of Medical Social Work

The evolution of medical social work, as a special field of practice within social work, has been directly influenced by developments in the profession of social work as a whole. It has likewise reflected the influence of factors and forces stemming from the special health context in which it is practiced. *See MEDICAL CARE and PUBLIC HEALTH.*

Advances made by the profession of social work with respect to clarification of its philosophy and goals, the extension and systematization of its theoretical base and framework, and the refinement of its problem-solving processes have facilitated the development of medical social work. As clarity has been achieved about the nature and goals of social work itself, progress has been made toward delineation of the specific characteristics and goals of medical social work. For example, current emphasis upon the enhancement of the social functioning of people as a primary goal of social work brings into focus the special concerns of medical social work with the consequences of illness and injury

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for the social functioning of an individual and his family. Similarly, as agreement has been reached about the nature and requirements of the study-diagnosis-treatment procedure employed in social casework, it has been possible to delineate the special aspects of this process when the medical social worker employs it in joint effort with members of other professions in the care of a patient.

Significant advances in basic health sciences, changes in approach and emphases in the fields of health and medical care, and a marked increase in the incidence of chronic disease and long-term illness are among the forces which have led to an expansion of the field of medical social work and to increased and more definitive use of its special knowledge and skills. For example, as physicians have come to recognize and to accept the necessity for study, assessment, and treatment of the psychological and social dimensions of patient problems, they have increasingly sought the professional assistance of the medical social worker in case management either through direct referral or through a request for his consultation. Moreover, acceptance by medicine of the principle that psychological and social factors must be assessed in every case as a part of good medical care has led to recognition that the education of the medical student must prepare him to fulfill this requirement. Consequently, medical and psychiatric social workers have increasingly been drawn into the educational programs of medical schools. It has been reported that in 1959 fifty accredited medical schools were involving medical and psychiatric social workers in their educational programs.

Public health's increasing concern with man's social experiences and social relationships as crucial factors in the maintenance of health has led to greater awareness in this field of the significance of the medical social worker's contribution to the attainment of its goals. In most schools of public health the faculty includes a medical social work member.

Among the health and medical care programs which have brought about a need for more medical social workers and, likewise,

in many instances, a more appropriate use of their special knowledge and skills, the program conducted by the Department of Medicine and Surgery of the Veterans Administration is especially noteworthy. The Program Guide for Social Work Service, released in August 1957, describes clinical social work as an integral part of medical care and as a service essential to the achievement of its aims. It also outlines the factors and circumstances which must prevail in order to ensure the maximal use of the professional service of the social worker. Currently more than 1,350 social workers are employed in the hospitals, domiciliaries, and outpatient services of the Veterans Administration, of which 60 per cent are in general medical hospitals, clinics, and domiciliaries.

The "rehabilitation movement," greatly accelerated in recent years, has called attention to the necessity for comprehensive patient care as a means of preventing chronic disability. It has likewise emphasized the concept that social factors and forces are influential in the precipitation and perpetuation of disability. The staffs of most rehabilitation centers include medical social workers. Acceptance of the underlying philosophy and goals of rehabilitation has led to increased and better use of their services in hospitals as well.

The establishment of home care programs by many hospitals has led not only to an increased demand for medical social workers but also to a definitive use of the special knowledge and skills which they possess with respect to the articulation and mobilization of community resources.

In at least one large voluntary health insurance program, medical social workers have been employed to assist individual members in their use of community resources in dealing with health problems.

There is an increasing use of medical social workers in international health programs, serving as members of health teams in a consultative capacity. The larger the population served the greater is the tendency for the medical social work program to be one of consultation, participation in program and

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policy formulation, and community organization.

Role of Medical Social Worker in Comprehensive Patient Care

The special knowledge and skills of social work are brought to bear in comprehensive patient care through the participation of the medical social worker in a joint, interdisciplinary process of study-diagnosis-treatment. The predominant procedure through which the professional participation of the medical social worker in this process is initiated is that of direct referral by the physician. Nurses and other members of the clinical team may also make referrals. Patients and members of their families may request this service directly. Referrals by staff members of community social agencies serve to call the attention of the medical social worker to the special needs of the patients under their care. Other commonly employed approaches to case-finding include activities by the social worker such as professional screening of all patients in designated age and diagnostic categories, review of charts with ward physicians, participation in ward and teaching rounds, and in other regular events associated with patient care.

In fulfilling the expectations and requirements of his professional role in the study-diagnosis-treatment of patient problems, the medical social worker accepts responsibility for the following: authoritative definition of the social situation of the patient; identification of the social forces and factors which are exerting influence upon the etiology and treatment of the patient's health problems; selection of appropriate measures of intervention directed toward the modification of factors which may have adverse consequences for the patient's care and recovery; participation in joint treatment planning and evaluation of treatment outcomes; and, finally, the execution of social treatment within the goals and structure of a jointly developed treatment plan.

The professional practice of the medical social worker within the context of compre-

hensive patient care may be described as interdependent since it is conducted in conjunction with a broader professional endeavor involving other professions and services. In this joint effort the medical social worker has responsibility for bringing to bear the special knowledge and skills of his profession and is accountable for the use of its processes.

The study-diagnosis-treatment procedure of the medical social worker is guided by the philosophy, goals, and ethics of the profession of social work and by a theoretical framework common to social work practice. Inasmuch as it is directed toward the social functioning needs and problems of ill and injured individuals and their families, it makes extensive use of knowledge about the structure, roles, and culture of health and medical institutions and about the requirements and expectations of the patient role. The medical social worker is continuously engaged in assessing the consequences of injury, illness, and hospitalization for the performance of the patients' customary social roles and develops special expertness in defining these relationships. As a member of a health or medical team the medical social worker is conversant with current approaches and methods employed in the health field. In helping individuals and their families to benefit fully from modern health and medical services, the medical social worker employs knowledge about the beliefs and practices of different groups in society (religious, ethnic) with respect to the causes and cure of illness. Understanding of the theory of social perception and of the influence of culture is of great importance in assessing how the patient and his social groups view health, illness, hospitalization, and medical care.

The Medical Social Worker as Consultant

The knowledge and skills of social work are also brought to bear upon health problems and the needs of ill and injured persons through the function of consultation performed by the medical social worker at the request of members of other disciplines and professions, social workers, and administrative

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persons. Two general kinds of consultation have been identified, namely, case consultation and program consultation.

In official health agencies at local, state, and federal levels and in voluntary health agencies as well, consultation may be the predominant function of the medical social worker. In hospitals and clinics, physicians and other members of the clinical team frequently request his professional consultation.

In fulfilling the expectations and requirements of the role of consultant the medical social worker draws selectively upon his total professional knowledge and brings to bear those elements most pertinent to the problem under consideration and to the needs of the consultee. His aim is always that of furthering the ability of the consultee to understand and to deal with the problem situation. In case consultation the medical social worker may, for example, assist the consultee in the process of factoring out the interrelationships between the biological and physiological problems of an individual and his psychological and social functioning. Moreover, he may suggest appropriate ways of intervening in order to prevent or modify adverse consequences of these relationships. Similarly, in program consultation the medical social worker may assist the consultee in thinking through the possible consequences and implications of different policies, procedures, and patterns of rendering health and medical care services for individuals in need of them.

The Medical Social Worker as Teacher

Many health, medical care, and rehabilitation programs serve as field instruction centers for schools of social work. Second-year students with a concentration in their educational program upon social work practice in the fields of health and medical care are placed in these programs. Their field teacher is usually a member of the medical social work staff who also holds a teaching appointment in the school of social work. In his role as field teacher of a social work student, the medical social worker selects and arranges learning experiences (such as case carrying

responsibility, participation in interdisciplinary case conferences, ward rounds, chart review, and the like) designed to further the student's ability to perform a social work role in a clinical setting. He also engages in direct didactic teaching for the purpose of helping the student to extend and to deepen his knowledge of health and disease, of the culture and social structure of health institutions, of the potential consequences of illness and injury for social functioning, of the concept of comprehensive patient care, and so on. In performing a teaching role the medical social worker draws upon educational theory as well as professional knowledge and skill.

In university centers, medical social workers often engage in the teaching of medical students, directly through formal arrangements with the medical school or indirectly through day-by-day interaction with medical students in the performance of their regular staff role. Some three hundred medical and psychiatric social workers were involved in these activities in 1959.

In both university and non-university hospitals and clinics, medical social workers participate in the education of nurses, dietitians, and various other kinds of therapists.

Education for Medical Social Work

Two years of study in a graduate school of social work culminating in a master's degree are necessary for the assumption of the professional role and functions of the medical social worker. In the second year of this educational program, the student who is looking forward to practicing social work in a health or medical care setting elects the field of medical social work for special concentration. Throughout his total program, this student is enrolled in the core courses required of all students. Progressively these courses have come to include basic knowledge about health and disease, about the interrelationships of biological, psychological, and social factors, and about the nature of predisposing, precipitating, and perpetuating causes of disease. Content about broad planning for the health needs of people is

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likewise taught, and also certain basic concepts about the structure and sub-culture of different social and health institutions. In the second year, the student who has elected the field of medical social work for special concentration has a field placement in a health or medical care setting in which he is afforded an opportunity to experience the role of medical social worker and to learn how to relate his knowledge and skills to the special needs and concerns of ill and injured persons. *See* EDUCATION FOR SOCIAL WORK.

In addition to the two-year master's program of professional education for social work, supervised experience during the first two years of practice is essential to further develop, organize, and integrate the knowledge and skills acquired.

Post-master's, advanced, and doctoral programs have been established in several schools of social work. Medical social workers have availed themselves of these formalized opportunities for continued professional education. Some have entered graduate schools of public health and have completed a year of study leading to a professional degree in this field.

The following approved schools of social work offer concentrations in the field of medical social work:

University of California
University of Southern California
University of Denver
University of Chicago
Howard University
University of Illinois
Indiana University
University of Kansas
University of Louisville
Louisiana State University
Tulane University
Boston College, School of Social Work
Boston University
Simmons College
McGill University
University of Michigan
University of Minnesota
St. Louis University
Washington University
Fordham University
New York School of Social Work of Columbia University

Western Reserve University
Bryn Mawr College
University of Pittsburgh
University of Tennessee
Our Lady of the Lake College
University of Wisconsin
University of Montreal

Personnel

The increasing demand for medical social workers in hospitals, the development of medical social work programs in public health, public welfare, and rehabilitation, and increasing interest in medical social work in voluntary health and social work organizations have brought unprecedented demands on the small number of adequately trained and experienced medical social workers.

In the light of this recognized shortage of personnel, the Medical Social Work Section of the National Association of Social Workers has a recruitment program whose major purpose is to interpret the opportunities in medical social work to college students or other recruits to the field. Special grants from the National Foundation (formerly The National Foundation for Infantile Paralysis) since 1953 have made this program possible. One long-range objective of the program has been to help individual medical social workers and groups of these workers to learn the special skills and techniques of recruiting so that this activity will become a well-entrenched aspect of their professional role.

The National Foundation has likewise provided scholarships since 1944 for a substantial number of students through a generous annual grant for this purpose. The majority of these scholarships have been awarded to second-year students although a few have been given to first-year students. Recently, the National Foundation has launched a scholarship program for college students. About a hundred of these scholarships will be awarded each year to young men and women who wish to prepare for social work practice in the health field. The scholarship of \$500 per year begins in the Junior year of college and extends throughout the two-year master's program of professional education for social

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work. In the past four years the federal Office of Vocational Rehabilitation has made available both teaching grants to schools of social work and traineeships for an increasing number of medical social students in their first or second year of graduate education. Other scholarships have been available through voluntary health agencies, special interest groups, public health programs including state health departments, and the Veterans Administration. There is an immediate need for more scholarship assistance to enable promising students to acquire professional preparation for medical social work.

Professional Association

From 1918 to 1955 medical social workers had a professional organization called the American Association of Medical Social Workers (AAMSW). In 1955 there was established a new membership association for all qualified social workers in the United States—the National Association of Social Workers (NASW). Medical social workers who were formerly members of AAMSW became charter members of the new organization and formed the Medical Social Work Section of it to carry on the activities formerly executed by the AAMSW, which dissolved in 1956. The purpose of the Medical Social Work Section is to promote the quality and effectiveness of social work in health and medical care. Social workers are eligible if they have completed the two-year graduate program of professional education with a special concentration in medical social work, or if they are currently employed in a social work capacity in a health or medical care program or have been previously employed for at least one year in this capacity. About 2,700 individual social workers were members of this section in June 1959. The section is served by an Assistant Director of the National Association of Social Workers, two consultants on recruitment, a Director of Regional Institutes, and related clerical and secretarial staff. Highlights of the Section's program are reported in the newsletter issued by NASW to its membership four times a

year. Members of the Section contribute articles to the Association's journal, *Social Work*, which is published quarterly. The journal, *Medical Social Work*, formerly published quarterly by the American Association of Social Workers, was discontinued in September 1955.

At the national level, specialized resources of the Medical Social Work Section are drawn upon by other sections, by the various commissions of NASW, and by its board of directors. For example, the Commission on Social Policy has utilized the assistance of the Section in developing a set of guiding principles to be used in the assessment of various kinds of legislative proposals dealing with different facets of health and medical care.

Likewise at the national level and within the structure of NASW the Medical Social Work Section establishes and sustains working, collaborative relationships with associations and agencies in the fields of health and medical care. Its Joint Committee with the American Hospital Association is an example of this kind of activity. In some instances the Medical Social Work Section is drawn into a relationship of this nature through an opportunity extended to the Association as a whole. From time to time, members are requested by the Chairman of the Section to serve as representative persons in health planning committees and councils and in special conferences dealing with different diagnostic groups and age categories.

Medical social work sections have been established in the majority of the local chapter units of the NASW. Although the program emphases of local sections are defined by their executive committees, certain guide lines afforded by the national section exert influence upon the choice of projects and program content. Members of local sections are encouraged to participate in study efforts initiated by committees of the national section.

Through generous grants from the National Foundation the Medical Social Work Section has been able to engage in continuing studies dealing with key problems in practice and education. With the assistance of these grants and also one from the Office of Voca-

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tional Rehabilitation it has been possible to establish and to develop a national program of annual regional institutes which afford an opportunity for practitioners in the fields of health and medical care to advance in their professional competence. Professional publications emerging from this program and from special conferences and study projects have been published by the Section.

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† For addresses of periodicals listed see Appendix. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

Mental Health and Mental Illness

MENTAL HEALTH AND MENTAL ILLNESS. Mental health¹ is subject to many different definitions and there is no single one that is absolute. It is one of many human values and is an individual, cultural, and personal matter. Mental health has been described as the ability of people to meet and handle problems; to make choices and decisions; to find satisfaction in accepting tasks; to do jobs without trying to avoid them or without pushing them on to others; to carry on without undue dependency on others; to live effectively and satisfactorily with others without crippling complications; to enjoy life and to be able to love and be loved. The standards of mental health or normal behavior vary with the time, place, culture, and expectations of a social group.² Mental illness refers to a range of psychiatric disorder and manifestation with biological, physiological, and psychological causative factors which lead to acute or chronic physical, emotional, and/or behavioral disabilities and conditions unfavorable to mental health.³

Mental health activities are concerned with the biological, interpersonal, and social factors that (a) influence the development of personality, (b) maintain or jeopardize mental health, and (c) are effective in the treatment and rehabilitation of patients with mental disorders, and with those services which society provides for the prevention and alleviation of mental disorders and the personal and social disturbances that those disorders bring in their train. A number of tax-supported as well as voluntary and proprietary organizations at local, state, and national levels have responsibility for mental health facilities and

programs which include psychiatric hospitals and clinics charged with the identification, diagnosis, treatment, care, and rehabilitation of individuals who are suffering from emotional disturbances or gross mental or neurological disorders, and community mental health activities directed toward mental health education, consultation, and promotion of mental health, and prevention of disability. Many mental health functions are carried out within organizations which have another primary purpose such as education, medical care, public health, welfare, religion, or corrections.

Historical Background

The earliest mental health activities in the United States were directed toward removing patients with mental diseases from workhouses, almshouses, and jails and placing them in mental hospitals. The first mental hospital was established in Williamsburg, Virginia, in 1773. During the next sixty-five years 15 states established such hospitals. Many of these were referred to as asylums, and frequently the facility was for epileptic and mentally defective patients as well as those with mental disorder. The crusading efforts of Dorothea Dix in the 1840's and 1850's served to focus public attention on the plight of the mentally ill and resulted in the establishment of additional mental hospitals and improvement in hospital care. Following a period of maintained public interest, hospitals became increasingly larger in size and isolated from the rest of the community in which they were located. Their primary concern became that of custodial care. In the early 1900's attention was focused on the inadequacies of the hospital by Clifford Beers who had spent several years in mental hospitals because of his own illness. As a result of his organizational effort a State Society for Mental Hygiene was established in Connecticut in 1908 and a year later the National Committee for Mental Hygiene was founded.

Although the original concern of the mental hygiene movement was to provide care and treatment of the hospitalized mentally

¹ Information concerning developments in mental health and mental illness may be obtained from the National Institute of Mental Health, Bethesda 14, Maryland and the National Association for Mental Health, 1890 Broadway, New York City.

² For a discussion of current theories and scientific knowledge underlying concepts of mental health see Jahoda, Marie, *Current Concepts of Positive Mental Health*, Monograph Series, No. 1, Joint Commission on Mental Illness and Health, *infra*.

³ For a brief historical review of the understanding of and development of treatment measures for mental illness, see "Mental Health and Mental Illness" in *Social Work Year Book 1957*.

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ill, interest developed in activities outside of the hospitals. The establishment of child guidance clinics in the early 1920's was seen as a means for preventing mental illness as well as providing early treatment. In more recent years, mental health activities have been also directed toward the possible means of encouraging the development of healthy personalities and the maintenance of mental health.

In the past fifteen or twenty years there have been many advances in the understanding of mental illness from biological, social, and psychological standpoints and the interrelationships of these influences upon behavior. These same years have seen the awakening of public and professional interest in the problems of mental illness, the ineffective therapeutic value of the large public mental hospitals, and the increasing tax burden and social costs imposed by long-term care. Attention has been given to the possibilities of rehabilitation and prevention of chronicity as well as to making early treatment more available to the total population.

National Mental Health Act and Health Amendments Act

In 1946, with the passage of the National Mental Health Act by Congress, mental health was recognized as a major public health problem. The primary impetus for the passage of this Act grew out of the disturbing reports of the nation's mental health after World War II. The records of the Selective Service System and the experiences of the armed services, the Veterans' hospitals, and public and private agencies illustrated the range and severity of mental disorder in this country. The purpose of the Act was to provide a method for financing research and training programs and to assist the states in establishing community mental health services.

The National Institute of Mental Health of the Public Health Service, Department of Health, Education, and Welfare, has responsibility for administration of the program. The Act provides for the establishment of a National Advisory Mental Health Council composed of outstanding professional and lay

authorities in the field of mental health. The Council makes recommendations to the Public Health Service on all matters relating to mental health and has committees on community services, research, and training. Before a grant can be made for research and training, the approval of the Council must be obtained. In placing the national governmental responsibility for mental health in the field of public health, the Congress was mindful of the great contributions which public health has made toward the control of contagious disease. It was felt that the basic orientation of public health workers might be useful for mental health problems. In recent years, partly because of the influence of public health thinking, mental health professionals have increasingly concerned themselves with populations and social groupings along with the welfare of individual patients. There has been increased attention to the incidence and prevalence of mental disorders, the study of the natural history of the development of typical emotional disorders, and—what may be most important—an increased concern with community-wide measures which might contribute to the maintenance of good mental health and prevention of emotional disorganization.

Under Title V of the Health Amendments Act of 1956 another approach was provided in the over-all efforts to combat problems relating to mental illness. In addition to grant support for research, training, and community services, the National Institute of Mental Health was authorized to provide support for mental health project grants. For a long time there has been an awareness of the difficult problems arising in relation to the care, treatment, and rehabilitation services provided for the mentally ill—particularly by public institutions. Financial problems, professional personnel shortages, and the isolation of many state and local mental institutions have played a part in prolonging and compounding these problems. "Mental health project" is the name given under this program to identify experiments, demonstrations, research studies, or the development and establishment of improved administrative techniques which will lead to improved methods of care, treatment,

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and rehabilitation of the mentally ill. Projects are not limited to the institutional field, and a broad range of community projects have been developed which deal with many facets of mental health and mental illness. Applications for grants are accepted from state and local public and private agencies, institutions, universities, laboratories, and individuals. By June 30, 1959, over 100 projects in three-fourths of the states had been established under this legislation.

Mental Health Study Act

The Mental Health Study Act passed by Congress in 1955 provided for a review of the current facilities in the United States for the study, treatment, and prevention of mental and emotional illness and the promotion of mental and emotional health. This was the first time in the United States that a nationwide study of these subjects had been undertaken. Passage of the legislation indicated a recognition of mental illness as among the top public health problems of the nation. The study has been made by an interdisciplinary group of related professions with over 20 professional groups cooperating in the sponsorship of the Joint Commission on Mental Illness and Health. The Joint Commission completed its work in June 1959, and 10 monographs are being published to summarize its findings. Task force studies were done of current concepts of positive mental health, economics of mental illness, mental health manpower trends, the role of schools in mental health, religion in mental health, community resources in mental health, epidemiology and etiology of mental illness, and the mental patient and his care. There was also a survey of mental health needs. The findings of the Joint Commission will be made widely available for their significance in planning the development of mental health services.⁴

Federal, State, and Local Organization

The National Mental Health Act is administered by the National Institute of Mental

Health (NIMH). Within the Institute, the Community Services Branch was established to implement the provisions of the Act dealing with "developing and assisting the States in the use of the most effective methods of prevention, diagnosis and treatment of psychiatric disorders."⁵ Title V of the Health Amendments Act of 1956 is also administered by this Branch. Mental health specialists including psychiatrists, psychiatric social workers, clinical psychologists, and psychiatric nurses assigned to the regional offices of the Department of Health, Education, and Welfare, assist in the administration of these programs and provide consultation and technical assistance to the states.

State and local mental health programs are operated independently of federal jurisdiction or control. In any one state there may be several official agencies either with mental health and the treatment and care of the mentally ill as their primary function or representing a major part of their program. Such agencies include those designated as the "mental health authority," departments of mental hygiene, and departments of public welfare. The mental health authority is the agency designated to administer federal grant-in-aid funds for community mental health activities. In 32 states and territories the health department is so designated, in 12 the department of mental hygiene, and in 5 the state department of public welfare. The remainder of the mental health authorities are represented by a variety of state agencies. These agencies are usually assisted by state advisory councils composed of persons from health, welfare, and education, and interested citizens. The organizational structure of state mental health agencies is not uniform.

All states have some kind of state-level administration of their mental hospital programs. Fourteen states have separate departments of mental health. In other states, the hospital program is administered within departments of institutions, welfare, health, or hospitals or by some type of state board of

⁴ See Second and Third Annual Reports of the Joint Commission on Mental Illness and Mental Health, 1957 and 1958.

⁵ Public Law 487—79th Congress, Chapter 538—2nd Session, H.R. 4512, An Act: "National Mental Health Act."

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control. Approximately one-half of the states have professional staff at the state level to give leadership to the development of hospital services. There are no federal grants-in-aid for assisting with inpatient treatment. A number of the state hospital programs are making use of mental health projects to give impetus to improved services.

There are many varieties in the organization of mental health service at the local level. At the present time there is a trend toward the establishment of local mental health boards. The establishment of these boards is permissive under state legislation. Their duties generally include reviewing and evaluating community mental health services with a view toward developing comprehensive programs and advising the local administrator of mental health services. They ordinarily have some policy-making functions and in some instances have review and approval authority. In some communities these boards take responsibility for planning for inpatient treatment for the acutely mentally ill.

State Programs for Community Mental Health

All states and territories have either initiated or expanded their community mental health programs since 1947 when only 26 had any program at the state level. This has been accomplished in part by utilizing grant-in-aid and mental health project grant funds available under the National Mental Health Act and new or increased state appropriations and new state legislation, as shown in the accompanying table.

In general, program activities developed through grant-in-aid funds and state and local funds group themselves into the following categories: (a) administrative services that include program planning, surveys and other special studies, consultation and supervision, and central statistical and fiscal services; (b) direct operation or financial support of professional services made available at the community level through social agencies, health departments, courts, hospitals, schools, and so forth; (c) direct operation or support of clinic services that furnish diagnostic, thera-

peutic, and consultation services for adults and children or specialized clinics for children, mental defectives, alcoholic patients, juvenile delinquents, and so forth; (d) direct operation or financial support of educational services through community agencies; (e) training; and (f) research.

FUNDS FOR COMMUNITY MENTAL HEALTH SERVICES 1948-1959

Fiscal Year	Total Funds Budgeted	Federal Funds	State, Local and Other Funds
1948	\$ 5,573,955	\$3,000,000	\$ 2,573,955
1949	8,912,766	3,550,000	5,362,766
1950	9,839,772	3,550,000	6,289,772
1951	11,679,675	3,200,000	8,479,675
1952	12,099,465	3,100,000	8,999,465
1953	14,414,650	3,100,000	11,314,650
1954	15,037,962	2,325,000	12,712,962
1955	18,099,786	2,325,000	15,774,786
1956	25,809,296	3,000,000	22,809,296
1957	45,359,113	4,000,000	41,359,113
1958	54,061,241	4,000,000	50,061,241
1959	64,866,208	4,000,000	60,866,208

Note: Includes federal, state, local, and private funds reported by states in state budgets and plans submitted to the Public Health Service. Some states do not report all funds. Data exclude mental hospital budgets.

Probably the most far-reaching development in community mental health programs in the last few years has been the passage of state legislation providing for state grants-in-aid to localities. New York passed the first law in 1954. Similar legislation was passed by Connecticut in 1955, and by California, Minnesota, New Jersey, and Vermont in 1957. In general, these laws have three common elements. First, they provide state grants-in-aid to localities on a matching basis. Second, participation of communities in the state grants program is permissive rather than mandatory. Third, operating responsibility for the mental health programs is kept at the local level. From the experience thus far it seems evident that the new laws result in a rapid and extensive expansion of local services. For example, in 1959 New York had 27 local programs, covering 90 per cent of the state's population, participating in the grant-in-aid program.

In part, the new state funds are being used by communities to supplement existing local

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funds. State funds are also being used to improve quality and to expand existing services. New types of services are being added to existing programs and new programs are being established in geographical areas which have never previously had services. Support of pilot projects, demonstrations, training, and research has been accelerated.

The development of mental health services in rural areas continues to be a major problem. Most mental health services are concentrated in cities, especially in metropolitan areas which have professional training centers. The most recent data from the Biometrics Branch, National Institute of Mental Health, indicates that only 9 per cent of professional man-hours of all outpatient psychiatric clinics were in rural areas which contained 41 per cent of the population of the nation. Several states (e.g., Minnesota, Nebraska, New York, South Dakota) are experimenting with regional or multi-county administrative units for providing mental health services.

Need for Mental Health Services

Mental health services include efforts at promotion of health and prevention of illness as well as treatment and rehabilitation of the mentally disabled. Prevention may occur at several levels along the continuum from health to disease. Although the hoped-for goal is to achieve a population that will be more resistant to disease, prevention of chronic disability may be as important for a population group as prevention of the occurrence of a disease.

The estimates of the numbers of persons requiring psychiatric treatment vary substantially. The data on patients admitted to mental hospitals or treated in psychiatric clinics give only a partial picture of the total situation. The prevalence of mental disease in the community has been difficult to determine. Approximately 430,000 different patients are admitted to nonfederal psychiatric facilities in a year; 270,000 of these to the specialized mental hospitals, and the remaining 160,000 to psychiatric units in general hospitals. The total persons hospitalized from mental illness within a year are about

1,070,000. Approximately 30 per cent of mental patients admitted in any one year have been hospitalized at least once before for a mental illness. There has been an increase in admissions of patients in the older age group. About one-third of the first admissions to public and private mental hospitals are 55 years and older, and some large state hospitals report 30 per cent of patients are 65 or older on admission. Although the total number hospitalized has had some slight decreases since 1956, both admissions and the number of patients discharged have increased. A quarter of a million patients are discharged each year from mental hospitals. About 85 per cent of patients hospitalized for mental illness are found in large state hospitals.

Mental health clinics of all types treat at least 379,000 patients a year. An additional 365,000 to 451,000 are treated in psychiatrists' offices during a year. The number of persons who take their emotional problems to general practitioners or to social agencies or other helping persons in the community are not known. The literature abounds in various estimates of the cost of mental illness. The direct costs of operation of the mental hospitals of state and federal services is approximately \$1,700,000,000 per year. The cost for treatment in psychiatric units of general hospitals is probably around \$48,000,000. These figures are only the cost of treatment and they do not include the loss of income or the cost to the family.⁶

Advances in Treatment of the Mentally Ill

Many changes are occurring in the traditional patterns of treatment of the mentally ill. Emphasis is being placed upon lessening the isolation of the mental patient and upon rehabilitation of the chronically ill.

A variety of treatment and rehabilitation services are being developed that are designed to shorten or to make unnecessary full-time hospitalization, or to make hospitalization in a state hospital unnecessary. The increase in the number of psychiatric units in general

⁶ Third Annual Report of the Joint Commission on Mental Illness and Health, Cambridge 39, Massachusetts, pages 9-12.

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hospitals has been phenomenal. In 1948 there were less than 50 psychiatric units in general hospitals throughout the United States. In 1958 there were over 1,000 general hospitals that would admit psychiatric patients and 600 general hospitals with psychiatric units. These units are able to provide for hospitalization and treatment throughout the acute phase of illness without the delay, stigma, or isolation from home or family often necessitated by commitment procedures and admissions to isolated state hospitals. Some states are beginning to work out ways to subsidize hospitalization up to 90 days through the use of state funds. There are indications that various medical care insurance plans are being liberalized to help underwrite this kind of care. Almost one-half of all admissions to hospitals for mental reasons are to psychiatric units in general hospitals.

During the past decade a number of states have re-examined their laws in regard to commitment, detention, and care and treatment of the mentally ill. Of special interest is the Interstate Compact on Mental Health ratified by 11 states. This Compact makes the patient's welfare the cardinal consideration in deciding whether he shall be kept in one state or not. It is an outgrowth of the Governors Conference on Mental Health Needs and is sponsored by the Council of State Governments.

Mental hospitals, most of which are operated by the states, have received considerable attention in the past decade. With this interest have come improvements, but overcrowding and understaffing continue to be problems. Inadequate budgets and shortages of available trained personnel are factors limiting the provision of treatment. In spite of these considerations, the length of hospital stay of patients with schizophrenia and manic-depressive psychoses has been decreasing.

In an effort to attack the problem of the big chronic mental hospital, many hospitals are developing "therapeutic communities." Experimental methods which began in England, the Continent, and Canada are now being tested out in the United States and adapted to fit our own special needs. Social

scientists have made an important contribution to the understanding of the hospital as a social institution, and the impact of the process of hospitalization as well as of the problems of group living upon the patient are being increasingly recognized. Widespread attention is being given to the philosophy of the "open hospital" which implies a creation of a therapeutic milieu, greater patient freedom, a different conceptualization of the status of the patient with, in turn, differences in the staff-patient relationships, a fuller integration of the hospital into the community, and a broader use of community resources. All aspects of hospital living are so planned that they will contribute to and not detract from the patient's chances to recover from his illness.

Facilities and programs are being developed as alternates to hospitalization as well as for aftercare service. The alternates includes day-hospitals, halfway houses, social therapeutic clubs, and rehabilitation services. Day-hospitals have been established for adults, children, and adolescents, as extensions of inpatient treatment units and under separate auspices. Many of these programs emphasize group living, resocialization, and rehabilitation.

Aftercare is a term which has come into wide usage in recent years to describe a variety of programs and services offered mentally ill persons and their families following discharge from mental hospitals. It is one stage in the continuity of care, treatment, and rehabilitation. The importance of aftercare services has increased with the recognition that treatment is not complete when the patient is discharged from the hospital and that if the effects of treatment are to be lasting, ways must be found to give the patient the support and help that he needs when he returns to the community. It has been found that the period immediately following hospitalization appears to be an extremely crucial one. With the shorter periods of hospitalization and newer methods of treatment the patient may not be completely recovered from his psychoses before leaving the hospital. The way in which he is received

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back into his family and his community may decidedly help or hinder all attempts at reintegration of personality and resocialization. The importance and significance of foster home care or family placement as forms of aftercare have increased in recent years.

Vocational rehabilitation services for the mental patients have undergone great expansion in the past ten years. These rehabilitation services may be what the patient needs to prevent hospitalization and to leave the hospital and to reestablish himself in the community. The national Office of Vocational Rehabilitation has given leadership to the development of state programs and to pilot studies and research into the special rehabilitation needs of the mentally disabled. A series of regional conferences sponsored by the Office of Vocational Rehabilitation and the National Institute of Mental Health between 1955 and 1958 focused attention of state rehabilitation and mental hospital personnel on the problems of vocational rehabilitation of mental patients. See VOCATIONAL REHABILITATION.

The use of volunteers in providing services for psychiatric patients has grown in scope during recent years. Volunteers are filling many roles in working with institutionalized patients and are sponsoring community efforts such as ex-patient clubs and halfway houses. A Conference on Services to Psychiatric Patients was held in June 1958 under the sponsorship of 5 national organizations and is reported in *The Volunteer and the Psychiatric Patient* published in 1959 by the American Psychiatric Association.

The discovery of the newer drugs (the tranquilizers) has developed new possibilities in therapy. Their use has called attention to new areas in the nervous system and its disorder in psychiatric conditions. They have made possible home or extramural treatment of many conditions. Much research has yet to be done in terms of the total effect and implication of the use of drugs in the treatment of mental illness. The Psychopharmacology Program of the National Institute of Mental Health has responsibility for adminis-

tration of research grants and an information clearing house in this area.

Community care of the mentally ill and the early discharge of patients from state hospitals together with the treatment in the community in lieu of hospitalization have many implications for other community health and welfare programs, particularly for public assistance and public health groups. There is increased recognition of the imperative need for coordinated planning of services for the mentally ill. No health, welfare, or rehabilitation agency can provide all the services needed by the mentally ill person or his family during the course of treatment and rehabilitation. Some community social planning groups and councils are establishing special sections or committees to plan for continuity of services to the mentally ill. This type of planning is also occurring on the state level in several states.⁷ The Veterans Administration with its nationwide system of psychiatric hospitals, psychiatric units in general hospitals, and outpatient clinics has pioneered in these advances in the treatment of the mentally ill.

Mental Health Areas

A comprehensive mental health program includes provision for a number of approaches to fostering and maintaining mental health and to effective community organization for mental health services as well as inpatient and outpatient treatment facilities.⁸

Certain facets of daily living lend themselves to special mental health emphasis:

1. *School Mental Health.* Since World War II school mental health has become one of the most rapidly expanding areas of mental health practice. School systems are becoming one of the major employers of mental health trained personnel. Some of the areas of greatest activity in school mental health are: (a) a resurgence of interest in providing special

⁷ For example, see Brightman, I. J., M.D., An Interdepartmental Approach to Health", *Public Health Reports*, October 1958.

⁸ For a discussion of underlying principles see Lowry, "Mental Health" in *Social Work Year Book 1954*. Also: World Health Organization, *infra*.

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education facilities for emotionally handicapped children; (b) greater expansion of pupil personnel in school health staffs; (c) greater interest in problems of teacher mental health, faculty morale, and the interpersonal relationships of staff as an aspect of school mental health; (d) expansion of guidance and counseling functions in school systems; (e) rapid increase in school mental health related research; and (f) increased cooperation between state and local mental health and education staffs in providing mental health services and mental health education to pupils.

Title V of the National Defense Education Act of 1958, which deals with guidance, counseling, and testing, should serve as a tremendous impetus to the development of school mental health related activities. In fiscal year 1959, the Office of Education allotted \$2 million to counseling and guidance training institutions. In addition to this, \$5,400,000 was appropriated by Congress for the development of state guidance, counseling, and testing programs.⁹ See GUIDANCE AND COUNSELING and SCHOOL SOCIAL SERVICES.

Two of the greatest needs in the school mental health field are trained personnel and increased research and experimentation to determine the most profitable patterns of interdisciplinary collaboration among the various pupil personnel and school mental health disciplines in order to effectively meet the needs of school children.

2. *Mental Health in Industry.* Since World War I, scientific study has produced much evidence that clearly indicates the effects of industrial social structure and human interaction upon the mental and physical functioning and well-being of the individual worker. Until very recent years medical efforts have been directed primarily to the physical protection of the worker. Mental health services in industry are of more recent origin and have existed almost uniformly in large companies. Some progress has been made in studying the effects of social organization

upon workers. The Tavistock Clinic in London is a leader in this field. In 1919 and 1920, Dr. E. E. Southard undertook an investigation of emotional problems among workers. Working with the clinical team, including a social worker and a psychologist, he found that "62% of more than 4,000 cases reached the discharged status through traits of social incompetence rather than occupational incompetence."¹⁰ Other studies have produced similar findings.

The WHO Technical Report Series #66 states that "the objective of mental health activities in industry is to promote health and happiness of people at work. The most important way to seek this goal is not the provision of psychiatric services but the planning of work tasks and patterns of individual organization which do not run counter to human emotional needs."¹¹ Mental health services are usually closely allied to general industrial health programs which are well developed in many large industries. Small industries have varying types of health programs ranging from none at all to one or more full-time physicians and nurses. It is estimated that more than 25,000 physicians in this country are involved in industrial medicine; 5,000 are full-time, 10,000 part-time, and 10,000 on call.¹²

A great deal of research has been carried out in the field of human relations and industrial psychology. The latter has been concerned primarily with such factors as selection, placement, prediction of success in certain jobs, and human engineering. Research in human relations includes studies, surveys on production efficiency, job satisfaction and morale, group dynamics, social interaction, social roles, and learning processes.

There are also unique mental health needs of special social problem areas.

3. *Mental Retardation.* Mental retardation is characterized by the failure of the individual to attain normal intellectual levels as a

¹⁰ Jerrett, Mary C., "The Mental Hygiene of Industry," *Mental Hygiene*, October 1920.

¹¹ *Occupational Health*, WHO—Technical Report Series #66, p. 11.

¹² "Is There a Doctor in the Plant?" *Journal of American Medical Association*, March 30, 1957.

⁹ See *Guide to the National Defense Education Act of 1958*, U.S. Government Printing Office, Washington 25, D.C., 1958.

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result of either genetic, infectious, metabolic, or traumatic factors. No accurate determination of the number of retardates has been made because of several factors. Many persons with intellectual impairment make adequate adjustment to their particular social environment and are not identified as retarded. There are some differences of opinion as to the demarcation between the lower limit of normal intelligence and the upper limit of retardation. Authorities vary in their estimates of incidence but it is generally stated that 2 to 4 per cent of the population are mentally retarded.¹³ It is usually estimated that institutionalization is required for 10 to 15 per cent of the total number of mentally retarded in a population. Research and treatment facilities for the mentally retarded were neglected for many years and still have not reached adequate levels. However, in recent years considerable attention has been given to establishing diagnostic training and rehabilitation centers for mentally retarded children and adults. Special educational and vocational activities have proven their value in assisting many persons with impairment to become productive, well-adjusted members of society. See MENTAL RETARDATION.

4. *Alcoholism.* Alcoholism, which is a symptom of an underlying emotional disorder of the individual, is one of the leading health problems of today. It is responsible for economic loss of major proportions and the production of psychoses in a significant number of individuals. "The last twenty years have witnessed significant changes in American society with respect to the general understanding of and response to problems of alcoholism. Until recently this was defined primarily as a moral problem associated with personal inadequacy and moral degradation. Today there is fairly widespread recognition of alcoholism as a medical and a public health problem. This redefinition of the problem has been associated with a more sympathetic public understanding and with more effective professional efforts to help the alcoholic

and his family."¹⁴ There is also a growing acceptance of alcoholics as beneficiaries of commercial insurance companies, as well as Blue Cross and Blue Shield plans.

The majority of the states and the District of Columbia have enacted legislation creating public programs for the care of alcoholics, or have established various methods for dealing with alcoholism. Mental health personnel both in hospitals and in mental health clinics have become increasingly concerned with the treatment of alcoholism. Mental health clinics are gradually opening their doors to the alcoholic and his family. This, coupled with the fact that there is a gradual reduction in resistance on the part of alcoholic patients to seek psychiatric care, indicates that there will be a continued growth in this type of treatment of alcoholism. In addition to this, state mental health programs and state alcoholism programs are cooperating to provide better services to the alcoholic. See ALCOHOLISM.

5. *Narcotic Addiction.* In the past several years there has been an accentuation of interest in narcotic drug addiction with particular reference to young addicts. While, under proper conditions, termination of physical dependence on narcotic drugs is not a difficult procedure, rehabilitation is a lengthy process because of the complexities of the psychological and social factors inherent in drug addiction. The states have been slow to develop specialized services for this group and many psychiatric facilities and social agencies exclude addicts from their case loads. See NARCOTIC ADDICTION.

6. *The Aging.* The structure of the American population is changing. Medicine, through its triumphs, has enabled people to live longer and the proportion of our population over 60 is rapidly increasing, yet American society has not looked with warmth and favor on older people. Mandatory retirement age is evidence of industry's inability

¹³ See World Health Organization Report No. 75, *The Mentally Subnormal Child*, April 1954.

¹⁴ Willard, William R., M.D., and Straus, Robert, Ph.D., "Community Approaches to the Problems of Alcoholism," *New York State Journal of Medicine*, July 1, 1958.

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to make a place for the aging population. There are many mental health implications of the problems of aging in terms of the maintenance of health of persons reaching normal retirement age and of the treatment of those who have become mentally and physically ill. Mental hospitals and nursing homes have become overcrowded with older patients. Some research is being initiated into an investigation of the normal stresses of retirement and of the reasons why older persons are hospitalized. Some state hospitals now refuse to admit patients over the age of 65 years and insist that alternate plans be worked out for them. Community programs for the aging that include recreational, social, and vocational aspects have important mental health implications. *See* THE AGING.

7. *Corrections.* Although psychiatry has made many vital contributions to the understanding of the dynamics of anti-social or criminal behavior, the development of specific mental health services or preventive measures for juvenile or adult offenders has not been as extensive as it might be. Diagnostic studies and psychiatric treatment are made available through court clinics and through consultation to penal institutions. Psychiatric clinics and mental hospitals may have special services or wards for juvenile delinquents or the "criminally insane." There is current interest in the use of group methods of treatment and in the understanding and modification of the social system of the correctional institution as an approach to rehabilitation. *See* CORRECTIONS *and* JUVENILE DELINQUENCY.

Personnel

The types and numbers of personnel needed in mental health services have undergone expansion in recent years. In addition to psychiatrist, nursing personnel, social workers, and psychologists the treatment team in the hospital includes persons with many other skills, for example: occupational therapy, industrial therapy, recreation, rehabilitation, and adult education. In the community, public welfare and public health personnel,

teachers, ministers, law enforcement officers, and general practitioners are examples of groups that are vitally concerned with problems of mental illness and the promotion of mental health in their day-to-day work. Although training of all of the professional disciplines involved in the treatment of the mentally ill has been greatly stepped up during the past ten years there are still inadequate numbers of personnel to provide treatment services or to meet the expanding demand for community work.¹⁵

National and International Voluntary Organizations

The National Association for Mental Health, Inc., was established in 1950 as the successor to the National Committee for Mental Hygiene. It is the only national voluntary citizens organization in the United States devoted exclusively to the task of reducing the toll of mental illness, helping the mentally ill to recover and become rehabilitated, and promoting the mental health of all individuals. It gives primary attention to the care, treatment, and rehabilitation of the mentally ill through research, training, public education, volunteer services, community organization, and consultation. The Association has a growing list of state and local affiliate organizations. These groups are working cooperatively with the official mental health agencies in an effort to assure more comprehensive mental health services to people.

The World Federation for Mental Health is the major international organization dedicated to promoting good human relations among all peoples and nations, and the highest possible level of mental health in its broadest sense. It functions primarily through its annual meetings, international congresses, conferences, seminars, and study groups.

There is a growing list of national voluntary agencies that are committing a major or significant part of their efforts to mental health. Such agencies include the National

¹⁵ For current statistics on mental health manpower *see* Albee, George W., *Mental Health Manpower Trends*, Monograph No. 3, Joint Commission on Mental Illness and Health, *infra*.

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Congress of Parents and Teachers, National Council of Jewish Women, American Association of University Women, General Federation of Women's Clubs, Council of Jewish Federations and Welfare Funds, to mention only a few. Through their volunteer services these organizations are making a very significant contribution to the mental health and illness programs throughout the country. They also provide for public forums on mental health, sponsor study groups, participate in legislative activities, and in some instances sponsor or cosponsor mental health services.

Research and Training

The furtherance of research and training is essential to the vitality and quality of mental health programs. Great strides have been made in the past decade in the amount of support available from governmental and private sources for mental health research. Major studies are being done in the areas of child personality and development, psychosomatic disorders, child behavior disorders, neuro-surgery, epilepsy, schizophrenia, manic-depressive psychoses, experimental physiological psychology, neuropsychology, psychopharmacology, genetics, methods of treatment, biometrics, hospital administration, rehabilitation, community service, and methods of evaluation.¹⁶ In addition, studies are being made in several areas of special social significance such as aging, alcoholism, drug addiction, juvenile delinquency, and mental retardation.

There have been steady increases in tax monies appropriated for research during the past ten years at both federal and state levels. For example, the California legislature appropriated \$540,000 for psychiatric research in fiscal year 1959 as compared with \$200,000 the previous year. In 1959 the NIMH awarded over \$14,000,000 for research grants and fellowships.

Important gains in the development of mental health training programs have been

made in almost every part of the nation. Especially significant is the increasing participation of community mental health and mental hospital programs in the training programs of professional schools. Federal, state, and local funds budgeted by state mental health authorities for accredited and non-accredited training of community mental health personnel (exclusive of mental hospital personnel) increased sharply in fiscal year 1958. The \$2.5 million budgeted for training in 1958 was close to three times as much as was budgeted in 1957. However, even with the expansion in 1958, funds for training still represented a relatively small proportion (4.6 per cent) of the total funds (federal, state, and local) budgeted for community mental health programs. About ten per cent of the federal grant-in-aid money is being budgeted for training.

Graduate training grants totaling about \$15,462,174 were made in 1959 by the NIMH as compared with a total of about \$2,500,000 in 1949. In 1959, 2,492 traineeships, 32 career teacher grants, and 396 teaching grants were awarded. Undergraduate training grants totaling \$3,392,089 were made in 1959. This included 85 teaching grants in psychiatry and 71 teaching grants in psychiatric nursing. This also includes 737 traineeships awarded to medical students for extracurricular or research activities in psychiatry. Training support was also initiated for general practitioner training in psychiatry and a significant increase was made in training grants for school social work.

Regional groups such as the Southern Regional Education Board and the Western Inter-State Commission on Higher Education have contributed to the development of research and training opportunities within their states.

Trends and Current Issues

Major trends in mental health programs include: (a) the growing awareness of the importance of social relationship in the etiology of mental illness and its treatment; (b) the development of social science theory as a contribution to the understanding of

¹⁶ See Felix, R. H., M.D., "New Scientific Developments in the Mental Health Field," *Social Service Review*, June 1957.

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mental illness and the impact of this on the practice of psychiatry as a branch of medicine and upon the other mental health professions; (c) the extension of the traditional clinical team or mental health team of doctor, nurse, social worker, and psychologist to include persons with many other skills and the resultant changes in roles and responsibilities of team members; (d) the concept of comprehensive care with the development of differential services related to the continuum of the patient's need as he moves from health to illness and returns to health or remains chronically disabled; (e) the awareness of the importance of close integration between the mental hospital and the total community as a prerequisite to continuity of care, the development of the concept of community care which provides alternates to hospitalization; (f) the utilization of drug therapies; (g) the introduction of public health concepts in the planning for and development of treatment and rehabilitation services as well as in the efforts towards prevention and promotion of health; (h) the highlighting of the unique needs of special problem areas such as aging, alcoholism, corrections, and mental retardation.

Major unresolved questions are: How can mental health services be made available to all persons in the community including those living in small towns and rural areas? What are the differential needs of the various age groups and various social and economic classes of people? How can more precise preventive measures be developed? How can present personnel be more fully used? How can mental health concepts be made available to all helping personnel in the community? How can additional personnel be recruited and trained?

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MENTAL RETARDATION is a condition which originates during the developmental period and is characterized by markedly sub-average intellectual functioning, resulting to some degree in social inadequacy.

There is a great variation in the use of terminology relating to this condition, both in the United States and abroad. Several years ago the World Health Organization proposed that the problem be referred to as mental subnormality with two major subdivisions reflecting causative factors: mental deficiency for those cases where biological factors have resulted in an impairment of the central nervous system, and mental retardation for those cases where the causative factors are in the social, economic, cultural, and psychological realms. Masland, Sarason, and Gladwin used this terminology for their survey.¹ However, there has been little inclination to follow their lead, and the American Association on Mental Deficiency has gone on record as recommending the over-all use of the term mental retardation, their own official name notwithstanding. In any case, in perusing the literature in this field one needs to ascertain the particular author's use of terms, and this is especially important with foreign sources.

Another point of confusion of significance to the social worker also relates to etiology and involves the phrase "environmental factors." At first glance one would relate this term to the cases originating from social, economic, cultural, and environmental influ-

¹ See Masland, Sarason, and Gladwin, *infra*.

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ences, and this is indeed appropriate. However, the term is also used within the broad biological category to separate endogenous—that is, genetic—factors from exogenous—that is, environmental—factors such as damage to the embryo from a virus infection of the mother, or injuries suffered during the birth process.

Even in limiting mental retardation to a markedly subaverage intellectual functioning, leaving out the sizable “dull normal” group, a wide realm is covered, from those so severely impaired as to require permanent bed care to those whose retardation is a problem only during the exacting days of public school attendance. Until recently the terms moron, imbecile, and idiot were used to denote degrees of impairment. Because of the unhappy connotations these words had assumed, the terms mildly retarded, moderately retarded, and severely retarded have been substituted. Another new terminology speaks functionally of these groups as marginally independent, semidependent, and totally dependent. With the increasing emphasis on educational programs the mildly retarded are often referred to as educable, the moderately retarded as trainable. The term feeble-minded has fallen into disuse altogether.

The problem of proper identification and classification does not pertain just to the individual afflicted with the condition but to the condition itself. Traditionally mental retardation was looked upon merely as a mental health concern, in so far as text books and governmental activities were concerned. Today's more comprehensive knowledge has made it clear that such unilateral identification is most misleading and apt to hinder effective program development, whether in practice, teaching, or research. Now the pediatrician claims a primary stake in this area as a general health rather than just a mental health concern, while from other sides the sociologist and social worker, the educator and the psychologist make similar claims. Not only have more than 90 causative factors been identified as operative in mental retardation, representative of these various fields, but they frequently manifest themselves in

combinations requiring diagnostic and therapeutic measures from different fields. In practice this has resulted at the present time in heated legislative arguments as to which state agency should have prime responsibility for this field, and has similarly vexed the community planners.

No definite statistics are available regarding the numerical extent of mental retardation, and even the estimates differ widely. However, the most authoritative sources agree that the present number of mental retardates should be estimated for the United States as five million individuals or approximately thirty per thousand population. Of these thirty, about twenty-five are mildly retarded and five are moderately retarded, leaving one in thirty in the severely retarded group.

Several important considerations suggest caution in the use of these figures. First, in many cases the basis for these classifications remains in practice the intelligence quotient (I.Q.) arrived at on the basis of one or more standard tests, with different ceilings prevailing from state to state. In view of the fact that the numbers sharply increase the higher the ceiling is pushed, those using an I.Q. of 75 would include a far larger group among the mentally retarded than those using the lower figure of 70. Furthermore, we are not dealing with static groups. Studies both here and abroad have shown that an individual can move from one group into another as a result of improved performance. Finally, recent medical advances also substantially affect these figures: the advent of antibiotics has markedly decreased the previously high number of deaths from infectious diseases during childhood and adolescence, and this will increase the number of adult retardates in our communities. Medical skill also keeps alive an increasing number of infants who formerly would have died before or during birth.

Historical

The first serious study of mental retardation came from two French physicians, Dr. Jean Itard and Dr. Edward Seguin, in the

first decades of the nineteenth century. The first specific step in the United States was the opening of an institution in Massachusetts in 1848, now known as the Walter E. Fernald State School, followed shortly by institutions established in New York, Pennsylvania, Ohio, Connecticut, and Kentucky. In 1876 a group of superintendents founded what is today known as the American Association on Mental Deficiency. High optimism regarding the effectiveness of institutional treatment prevailed in those early days and emphasis was on a forward-looking educational regime. When it later became clear that the high expectations could not be fulfilled, a strong counterreaction followed and the institutional programs were reduced largely to custodial care.

An event of lasting significance was the publication in 1877 of a study, by a volunteer welfare worker, of "the Jukes," a presumably degenerate family spreading illiteracy, disease, crime, and pauperism through the generations. Twenty-five years later Dr. Henry H. Goddard published his famous history of the "Kallikak family," reemphasizing what he saw as the dangers to society from inherited feeble-mindedness, and this study remained standard fare in our colleges and universities until the comparatively recent past, confirming the pessimistic attitude toward the feeble-minded and pointing to such measures as segregation and eugenic sterilization. While the Kallikak study is now thoroughly discredited, Goddard's leadership at the Training School at Vineland, and in particular his introduction of the Binet test to America, have earned him just and lasting fame.

A hopeful note was introduced with the establishment of special classes for retarded or backward children, first in Providence, Rhode Island, in 1896, followed in quick succession by large cities throughout the country. These classes were in general for the mildly retarded, then still known as morons; and it was not until the 1920's that there were introduced in a few localities classes for the moderately retarded, now called "trainables."

Parallel with the establishment of special

classes, new developments occurred in the institutional field, as it became evident that the then prevailing policies of institutionalization would lead to more serious overcrowding. So-called colonies were organized for the dual purpose of moving part of the institutional population to cheaper quarters in rural areas, and of utilizing these people for remunerative work, first on farms and later in other work situations such as domestic work for the women. More recently the name "colony" has been given in several states to new residential facilities for the mentally retarded, but this is not related to the original colonies developed in various states. Somewhat later a system of parole was developed, and in the 1930's New York State pioneered with family care for the mentally retarded after the system had worked out successfully as an extension of state hospital care for the mentally ill. Finally, one negative development should be mentioned in these brief historical comments. When the child guidance clinic movement came into being in the 1920's, mentally retarded children were included in the program; however, the clinics' attention focused more and more on the emotionally disturbed and mentally ill child, and soon retarded children found themselves excluded altogether from any of these services.

At the time of World War II the field of mental retardation was seriously lagging as compared with developments in other areas of health, welfare, and education. There were exceptions to this in research, residential training, and public schooling, but these were isolated islands of excellence in a field that was as much neglected by budget directors as by institutions of higher education; as much by the related professions as by the general citizen.

The Role of the Parent Movement

In 1950, groups of parents of retarded children which had formed during the preceding few years came together in Minneapolis to establish the National Association of Parents and Friends of Mentally Retarded Children. The name of this organization was changed in 1952 to the National Association

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for Retarded Children (NARC). Within a few years this organization gained an influence in its sphere of work without parallel in the history of voluntary organizations in the welfare and health field. Although deeply concerned with the welfare of their own children, the leadership of NARC showed great wisdom in focusing on broad, long-range objectives. Realizing that significant improvement could only come from enlisting the aid of federal agencies in a nationwide attack on the problem of mental retardation in all its ramifications, the Association developed and presented to Congressional leaders a forward-looking program designed to overcome the long neglect of the field. At the same time, the Association recognized that one of the most serious weaknesses inhibiting progress in mental retardation was the lag in research and the scarcity of outstanding professional leadership. A scientific research advisory board was created to move forward in these areas; and in 1955 a major three-year survey was launched to take stock of research activities in the field of mental retardation and to draw up a blue print of research needs.²

Today, the Association has close to 700 units throughout the country and in military establishments on foreign soil. Many of them maintain pilot projects of community services for the mentally retarded, and all of them assist in community and statewide planning. Increasingly this participation is recognized formally and officially. A recent check of sixteen special state commissions dealing with the problem of mental retardation showed that in eight of them representatives of NARC units had been asked to serve as commission members. In the institutional area, parents' associations are rendering extensive volunteer service and have furnished special recreational equipment.

Altogether, the form, scope, and effectiveness of NARC's activities on the local, state, and national levels constitute a new phenomenon in the field of health and welfare services; and throughout the published litera-

ture of recent years, it is acknowledged that it was this citizen effort that brought new vigor and broader perspectives to the field of mental retardation.

Service Programs

In spite of the tremendous progress that has been made in the care of the mentally retarded, it is not possible to point to any one community in the United States which offers a well-rounded program for the retarded, let alone is quantitatively able to deal with the service load.

Such a well-rounded program must provide for the mildly as well as the severely retarded; for those living at home as well as those requiring residential care; for the young and for the adult. The fact that many of these programs require active participation from a wide cross section of the professions, none of which can claim the dominant role, creates problems as to the appropriateness of administrative sponsorship and source of support. At least as far as the severely retarded are concerned, many communities have had no experience in providing services and are hesitant to assume such new responsibilities in a period of shrinking budgets. The number of retardates needing service suggests that many of these functions should be considered public responsibilities, yet there is no precedent as to which ones should be a municipal, county, or state responsibility.

Planning for specific services is further complicated by the fact that as the new programs initiated during the past five to seven years are taking effect, the needs for service are changing. Thus, a retarded child whose parents had the benefit of competent clinical evaluation and helpful parent guidance, and who has had the benefit of more adequate diet and physical regime and of some preliminary training and group contact in a preschool situation, presents quite different needs in terms of schooling and leisure-time activities than his far less fortunate counterpart did ten years ago. In turn, the improved schooling he now can receive in many communities is likely to improve his status in

² *Op. cit.*

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so far as eventual adult rehabilitation services are concerned.

With so much in flux, qualitatively as well as quantitatively, long-range planning is difficult.

The key problem confronting parents of mentally retarded children is the need for competent diagnostic services. Rather than find a solution through increasing the resources of existing child guidance clinics under psychiatric auspices, the basic NARC legislative program suggested that funds be made available to the U.S. Children's Bureau for development of pediatric clinic facilities as part of the maternal and child health programs supported by the Bureau in all the states. By 1959, Bureau funds had assisted in establishment of 50 such clinics in 44 states, and more than 30 community retardation clinics were operating with support from other sources. Unfortunately, this tremendous improvement still falls far short of existing needs, and waiting lists of from six months to one year are still not uncommon. This creates serious problems since, in at least some of the cases, a delay in proper diagnosis and consequent delay in proper management of the child may result in irreparable further damage. Furthermore, many of these new clinics are limiting their services to infants and pre-school children. Thus, no facilities are available for re-evaluation of older children. Yet with the present state of knowledge, long-range predictions are usually not feasible and thus further evaluations are needed as the child moves through developmental stages.

With the establishment of so many special retardation clinics, the need for interprofessional as well as intraprofessional communication has become particularly acute; yet wide variations in the use of terminology and classifications provided a formidable block toward that goal. Therefore, the American Association on Mental Deficiency, through its Project on Technical Planning and Mental Retardation (supported by funds from the National Institute of Mental Health) undertook preparation of an extensive *Manual on*

Terminology and Classification in Mental Retardation.³ This *Manual*, published in September 1959, utilizes largely the etiological terminology of the American Medical Association's Standard Nomenclature of Diseases and Operations. A particularly significant contribution is the introduction of a new behavioral or psychological classification, using as its base two dimensions—measured intelligence and adaptive behavior. It remains to be seen how quickly this new, diagnostically far more adequate classification will be generally accepted by all professions concerned as a substitute for the more and more inadequate traditional classification based on intelligence test performance alone.

Interprofessional communication is not the only problem facing the clinics. Much thought has been given recently to improving communication between the clinic and the parent. Experience has brought out that it is difficult for the average parent to encompass the ramifications of a clinical diagnosis of mental retardation, and for this reason a number of clinics are presently supplementing their program of parent counseling with a broader program of parent education.

Furthermore, management of the more severely retarded child whose condition is often aggravated by serious physical impairments poses many special problems for the family. A number of clinics have therefore found it advisable to establish home training programs, usually utilizing the services of a specially trained public health nurse.

Since the prevailing attitude discourages more and more placement of infants or very young children in institutions unless they require intensive nursing care and medical supervision, the need for services to afford the child's mother some relief from care is becoming more evident. However, few communities so far are prepared to provide this relief either through homemaker service or day care. See FOSTER CARE FOR CHILDREN and HOMEMAKER SERVICE. While this type of service would be geared primarily to the

³ See under American Association on Mental Deficiency, *infra*.

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needs of the mother and the family at large, communities have also begun to develop pre-school services particularly adapted to provide group experiences to the young retarded child who formerly usually grew up in isolation from age-mates. For children with multiple handicaps, such programs also provide opportunities for physiotherapy, which often may be essential to equip the child for the more demanding standards of later schooling. General development of this type of service eventually may result in a substantial increase in admissions of the more severely retarded children to special education programs in the public schools.

Role of the Public Schools

The situation regarding schooling for the mentally retarded presents a very uneven picture throughout the country as is, of course, also the case with other specialized school programs. It is estimated that well over a million children in the United States are in need of mental retardation programs in the public schools. Probably only one-fifth, or somewhat over 200,000, are receiving such instruction. While the situation is improving from year to year, there are still states where even classes for the high-grade retardates, the so-called "educables", are not yet mandatory upon the school boards. Even those school systems which are ready to provide for these children have difficulties establishing classes because of the acute shortage of qualified special education teachers. Appropriation by Congress in 1959 of \$1,000,000 to advance training opportunities for teachers of the mentally retarded should ameliorate the situation. However, the results of such a program will not be immediately effective.

A controversy of major significance, which is evident in many parts of the country, pertains to schooling of the more severely retarded, the so-called "trainable" children. Both from school administrators and from certain leaders in the field of special education has come the assertion that these children are not fit subjects for the public schools but should be a responsibility of welfare agencies. On the other hand, a recent socio-

logically oriented text reports that an increasing number of public schools, utilizing their social service staffs in conjunction with the work of special teachers, are accepting a primary responsibility for the trainable as well as the educable retardate, and are seeking to discharge this responsibility with the aid of community welfare agencies whose resources they call upon as needed.⁴ This matter is of crucial significance to community planners, not only from the point of view of providing the best possible care for these children but also because of the fiscal problems involved. If classes for trainables are a responsibility of the public schools, the source of funds is clearly established. If, however, the task of training the severely retarded is to be left completely to non-school community welfare agencies, as some educators advocate, there would not only be a question in many states as to administrative responsibility as well as source of funds, but there would even be a question as to whether this should be a public or a private responsibility. Therefore, it is significant that 37 states (as of August 1959) allow for state-level support of classes for trainable children, either by specific mandatory or permissive legislation or by administrative regulation or interpretation.

One of the arguments made against assumption of this responsibility by the public schools is that sooner or later children classed as trainable will find their way into public institutions. This point has been effectively refuted by a study by Gerhart Saenger, sponsored by the New York State Interdepartmental Health Resources Board and published under the title *The Adjustment of Severely Retarded Adults in the Community*.⁵ Saenger followed up a large sampling of

⁴ See Davies, *infra*. While taking no position on the mandatory inclusion of the severely retarded in the school enrollment, the author states: "For retarded children in the school enrollment, the school itself should assume the entire responsibility for supervision through its social service. Practically speaking, however, and excepting the larger cities, the schools probably will not have, in the near future, enough social services to deal effectively with the extra-school problems of mentally deficient children."

⁵ See Saenger, *infra*.

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pupils who, between 1929 and 1956, had attended classes in the public schools of New York City set aside for pupils with I.Q.'s of between 40 and 50, that is, the upper level of the trainable classification. The findings revealed that two-thirds of these former pupils were living in the community (1,742 out of a total of 2,640); only 26 per cent were institutionalized. (The remaining 8 per cent had died since leaving school.) Even though some of those now in the community may eventually be admitted to institutional care, others who were so committed might well have remained in the community had there been available the presently still limited facilities. Twenty-seven per cent of those who resided in the community worked for pay at the time of the study; and an additional 9 per cent had no job at the time but had previously worked. Thus the Saenger study, undoubtedly of greatest significance to community planners, points up that the trainable group not only must be considered for public schooling but, in addition, merits screening for vocational preparation or rehabilitation.

Rehabilitation

While the mentally retarded have been included within the scope of activities of the federal Office of Vocational Rehabilitation since the Barden-LaFollette amendments of 1943, it was only since the amendments of 1954, Public Law 565, that there has been distinct growth and development of vocational rehabilitation services for this group. Specialized sheltered workshops for the mentally retarded have rapidly grown in number since that time; and in 1959 the National Association for Retarded Children published the results of a survey which reported on 56 sheltered workshops operated by NARC member units. Twenty-six of these included young adults classed as trainable. Experience in the workshops over the past several years has brought out clearly that the mentally retarded can be gainfully employed in a wide range of jobs, including manufacturing, and that the success of the retardate in the workshop does not depend as much on his intel-

lectual endowment as on his personality structure and adaptive behavior.

The success of present rehabilitation programs has suggested an extension beyond the limits of productive, potentially gainful activity into so-called independent living programs. Here the emphasis is on training the severely handicapped person toward greater independence in matters of simplest daily living, such as self-care. In considering legislation to that effect, Congress was made aware that a question can be raised as to whether such program should be the responsibility of the public welfare agency or the vocational rehabilitation agency, or possibly be a joint effort of the two.

Residential Care

In view of the fact that not only lay citizens but many professional people are inclined to associate the problem of mental retardation with institutionalization, it is significant that federal figures for 1957 indicate that of the 5,000,000 retarded persons in the United States, only 150,000 reside in public institutions. These same figures indicate that the number of high-grade retardates is decreasing and the number of severely retarded increasing in the institutional population. Practically all states have long waiting lists, so that the figure for needed institutional beds exceeds, by far, the 150,000 presently available. However, opinions vary sharply as to future trends. In the opinions of some the extension and improvement of community programs will limit institutional placement to the most severely retarded only. Others maintain that the institutions will also have increasingly a function as centers for intensive training and physical restoration, thereby improving the individual's capacity for adjustment in the community. Furthermore, the increasing life span of the mentally retarded brought about by improved health care, and in particular by the use of antibiotics, most likely will also eventually result in the need of residential facilities for these individuals in their later years.

It has been suggested that these tasks are sufficiently diverse in nature, requiring dif-

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ferent facilities and different staff, to warrant breaking up the present large institutions into smaller units, better adapted to the needs of the respective residents and located closer to population centers.

Without doubt the institutions have not kept pace with the considerable improvement made in community facilities since 1950. The absence of evaluative research in the area of residential care is particularly significant in that regard.

Special Aspects

The recent advances in mental retardation have not so much increased the number of the mentally retarded in the community as their "visibility". The Social Security Act amendments extending benefits beyond the age of 18 to those children of wage earners who were permanently and totally disabled before age 18 have been of particular importance. In 1957, two-thirds of those eligible were diagnosed as mentally retarded. All this has resulted in increasing attention being given to the legal status of the mentally retarded, to provisions for guardianship, and to general community acceptance.

Governmental Programs

The field of mental retardation provides impressive testimony as to the effectiveness of enlightened Congressional leadership. A great share of the rapid progress is due to earmarked appropriations for special programs in mental retardation made to the U.S. Children's Bureau, the U.S. Office of Vocational Rehabilitation, the U.S. Office of Education, the National Institutes of Health, and the National Institute of Neurological Diseases and Blindness, all of which, in turn, have stimulated state programs.

On the state level, the Council of State Governments has given stimulating leadership; and a study published by NARC in 1959 lists 20 legislative and governors' commissions concerned with state legislation and programming for the mentally retarded.⁶

⁶ See under National Association for Retarded Children, *infra*.

Research Developments

A comprehensive survey of recent research developments is provided in the volume *Mental Subnormality*.⁷ Work in the medical and biological sciences seems to be quite superior to what is being undertaken in psychology, sociology, and education. Undoubtedly this is due to a lack of well-trained research workers in those fields. The rapid program developments and the demand for still further increases in service make evaluative research an urgent necessity in addition to the long-range basic research. Biochemical studies are pushing ahead the frontiers of research in mental retardation and one may well expect significant new findings as to a common base for certain types of mental illness and mental retardation.

Prevention

Phenylketonuria is a biochemical disturbance which usually results in serious retardation. Discovered in 1934, it is now subject to a simple inexpensive test and, if detected in earliest infancy, can be controlled by means of a specific radical diet. While numerically this disease accounts for only a small fraction of the mentally retarded, it has highlighted the distinct possibilities for prevention of mental retardation not just in the distant future but in the here and now. However, medical science has discovered other means of preventing certain types of mental retardation: by surgical intervention, by improved techniques of delivery, and by preventing damaging conditions during pregnancy. Translated into community planning this means that mental retardation has become a promising new field for public health action. The significance of such prevention can materially be measured by the fact that for the average state the admission of every 30 patients to the institution for retardates means an eventual expenditure by the taxpayers of one million dollars at minimum.

International Developments

The founding of the National Association for Retarded Children was paralleled by the

⁷ See Masland, Sarason, and Gladwin, *infra*.

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development of similar organizations at that time in several European countries. In the Far East an active parents' organization existed in Japan. The Scandinavian countries lead in the development of small residential units. Holland has done outstandingly well in the development of sheltered workshops. The most significant international work so far has been a group of seminars on the mental health of the subnormal child sponsored by the European Regional Office of the World Health Organization in 1957 and 1959.

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† For addresses of periodicals listed see Appendix. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

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GUNNAR DYBWAD

NARCOTIC ADDICTION.* The generally accepted definition of drug addiction has been stated as follows (1): "Drug addiction is a state of periodic or chronic intoxication, detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: (a) An overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (b) A tendency to increase the dose; (c) A psychic (psychological) and sometimes a physical dependence on the effects of the drug."

This definition includes many substances other than narcotics such as barbiturates, alcohol, and certain "tranquilizers." For the purposes of this article, the subject will be limited to narcotics. In this group are included opium and its many derivatives, of which the most widely used are morphine, codeine, dilaudid, and heroin. In addition there are certain synthetic drugs with similar characteristics such as methadone and meperidine.

All narcotic drugs have certain common characteristics; namely, the ability to relieve pain and reduce the anticipation of pain and, in certain individuals, to produce a pleasurable and repeatedly sought-after sense of well-being. All these drugs are addictive. Defined pharmacologically, this means that the body becomes tolerant to increasing doses and that

* The numbered references in the body of this article are grouped in the Bibliography, *infra*.

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it is necessary to increase the dose periodically to achieve the initial effects; the body becomes physically dependent after a period of time and requires continuance of drugs in order to prevent symptoms of withdrawal. These symptoms are characteristic and have been well defined by Himmelsbach, *et al.*(2, 3). They include progressive nausea, muscular irritability, goose flesh, rhinorrhea, lachrymation, and increase in blood pressure and pulse rate. Physical dependence can be developed in a matter of a few weeks to regular daily drug use and is roughly proportional to the size of the dose. The effects of a single dose are sharply felt during the first few minutes after injection and gradually subside over a 3 to 4-hour period. Addicts with free access to drugs may start with doses as small as one grain daily and achieve a level as high as 78 grains in 16 hours after a period of several months of use. Most present-day addicts cannot afford such supplies and use much smaller amounts, 4 to 5 grains a day.

The Problem

Historical evidence indicates that drug addiction has been known to every civilization of record (4). The mores of the several cultures have varied in the attitude toward addiction. Even now the Eastern, Middle Eastern (except for Iran), and many European countries do not consider the matter of great social import. In the United States there is a strong taboo toward drug addiction, with a paradoxical greater tolerance of alcohol abuse despite the fact that alcohol has a greater social impact.

In this country there have been numerous "alarums and excursions" on the drug menace dating back to the middle of the nineteenth century. Without question, history indicates that drug abuse was of great consequence in the late nineteenth and early twentieth centuries.

International interest in the early 1900's resulted in a number of treaties, compacts, and laws relating to the import and export of narcotics. The Harrison Act of 1914 in the United States was the first federal effort to control the abuse through tax procedures. At

that time, addict estimates ran into the 100,000's, many through patent medicines and open sale in stores.

Activity in control started in earnest after World War I, with numerous and varied treatment programs by the several states (5). The mid-1920's saw a considerable decline in addiction, which has been constant since with the exception of a few small peak periods. A small flurry occurred in the late 1920's and mid-1930's.

A major peak occurred after World War II and rose sharply in the early 1950's, with a gradual decline since. The current estimate of addicts in the United States at present varies between 50,000 and 60,000. The clandestine nature of drug addiction makes accurate prevalence figures impossible. Of interest is the estimate of the State of New York Joint Legislative Committee on Narcotic Study in 1959 that there are 5,000 new addicts every year in New York City.

Who the Addicts Are

Repeated surveys of diagnoses of addicts show a gamut extending from the mild neurotic disorders to the psychoses. Included are the passive and aggressive personality disorders under the wastebasket heading of "psychopaths." At the risk of overgeneralization, the majority fall in the category of character disorder with the predominate features of passivity, dependency, weak ego structure, poor motivation, and a tendency to fantasy life (6). Many of the latter are psychotics or borderline psychotics. The most have a history of broken or disorganized homes, inadequate parental relationship such as absence of a good father figure, vacillating discipline by an indulgent yet rejecting mother, and inadequate development of peer relationships. Their attitude toward authority is obviously distorted with ambivalent attitudes generated in early life. As a result, there are problems of guilt and inappropriate expressions of aggression. Their goals are immature and desiring immediate satisfaction. Their sexual life is pregenital in character, with the usual problems of heterosexual adjustment and unconscious homosexual conflicts leading to efforts

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to negate sexuality. Many are delinquent from adolescence; addiction accentuates this behavior because of monetary needs to support their drug "habits."

Why They Are Addicts

Narcotics, among their protean effects on the human organism most of which stem from the major action of depression of function, act to relieve the tensions set up by the aforementioned personality disorders. Fantasy life is exacerbated not unlike that of "Walter Mitty." Reality is negated; pleasure is in the powder and as close as the next "shot." Sexuality no longer manifests itself, resolving for the moment the confusion and guilt.

Unconsciously hostile aggression towards parents and parent surrogates (that is, law, mores of society, and so forth) are flaunted through the acting out in taking the forbidden narcotic. Among these, but in the minority, are the aggressive criminal persons.

How They Become Addicts

In all probability, addicts become such through contact with other addicts or through the "gutter grapevine." The theory of proselyting by other addicts as the sole cause must be discounted in the light of the work by Chein, *et al.* (7, 8, 9). Other parallels in delinquent behavior offer a more tenable suggestion that there is an active seeking out of information and drugs by the kind of people delineated above. How much stimulation of interest is provided by nonaddict peddlers (pushers) is a matter of conjecture. The universal reply to the question of how an addict started is "from a friend." One thing is evident by *post hoc* reasoning. The kinds of persons who are addicts appear to have been fertile subjects for drug use, for in narcotics they find relief from their multiple problems of adjustment to life. These people have tried since their formative years to adjust to the formidable problems of economic and social depression, rejection by parents and associates. They attach themselves to gangs and, instead of becoming peers, become the fringe "hangers-on." They are rejected by the strong, never wanted by the aggressive antisocial be-

cause of their weakness and incompetence. Aspiring unrealistically for social prestige, big cars, or in some instances careers in music, the addicts somehow seem never to get on to the idea that one has to work for what he gets even if in an antisocial fashion. They find that drugs supply in fantasy life a momentary substitute for reality. They are kings in their dreams.

What Has Been Done for Addicts?

The answer to this question has been the subject of discussion for nearly a century. One thing is sure; there is no quick cure. A problem with so many medical, social, and legal facets cannot be resolved through any single panacea.

Society has turned to many prophets and found them all inadequate, not that each did not have something to offer, but rather that each saw the problems through his own perspective of personal experience.

As a consequence, we in the United States have run the gamut of free drugs for the confirmed addicts in the early 1920's to the advocacy of an indeterminate quarantine-type of confinement in a suitable narcotics farm for all confirmed addicts in the 1950's (10).

We cannot speak of curing addiction. We can only hope to manage the problem. This will take the combined efforts of medical and law enforcement groups with the blessing of society.

As to law enforcement and its instrument of penalties, a certain irreducible level of illicit drug activity has been achieved over the years. To stamp out the illicit traffic, it has been said, would take the combined efforts of the Army, Navy, Coast Guard, and Air Force in cooperation with the Narcotics and Customs people—the kind of limitations on commerce and travel that occurs during wartime periods. Such a program would obviously not be tolerated in peacetime. Yet there is a manifest need for continuous stringent law enforcement to keep the traffic at a minimum. Evidence that there is an effective program lies in the adulteration of drugs in the black market. The usual run of samples show the narcotic content to be less

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than 5 per cent. In these efforts to dry up the sales the traffickers, when they can be convicted, are jailed. Frequently the addict is caught in this net either because of possession of illicit drugs or through sales, the latter because of his need to provide funds for obtaining more drugs for himself. He receives the same penalties as the nonaddict trafficker and, except for federal law violators, is sent to a penal institution. Federal addict prisoners are given treatment concurrent with their servitude at two hospitals—the U.S. Public Health Service Hospitals at Lexington, Kentucky, and Fort Worth, Texas (11).

Most states do not provide any treatment for the addict even though there is general recognition of the importance of medical responsibility in the rehabilitation of the addict. Interestingly, at least 37 states for many years have laws within the mental health laws providing for voluntary and/or compulsory treatment of addicts in mental institutions. Yet few states have applied these laws to addicts.

California, one of the first states to provide hospital-type treatment for addicts in the 1930's, abandoned the program in 1941. Recently a new program with certain combination penal and treatment features has been established in that state. The District of Columbia has a similar program which started in 1956, using the U.S. Public Health Service Hospital at Lexington, Kentucky, for the institutional treatment. New York has provided special hospital treatment for addicts under 21 years of age in the Riverside Hospital in New York City since 1951.

For the addict who seeks treatment voluntarily there are few opportunities available outside the federal hospitals. Chicago and Detroit have small programs for aftercare of addicts who have had institutional treatment. New York City hospitals provide limited services for withdrawal and aftercare.

Treatment Programs Which Have Been Tried

As stated above, free drugs were tried in the 1920's in several states largely to meet the needs of addicts suddenly cut off from

supplies by the new laws and strict enforcement. Although the history of these programs is clouded, it is generally conceded that such plans do not solve the problem.

The experience over the years of the two federal hospitals indicates that the most humane and feasible programs include: gradual withdrawal of narcotic drugs in a hospital environment over a period of 7 to 10 days, followed by psychiatric evaluation, general physical rehabilitation, vocational education, and psychotherapy of varying intensity with the goal of providing insight and help for the addict to prevent future relapse. For a more detailed account of this program see references (12) and (13). From the inception of these programs in 1935, it was recognized that the hospital phase was but the first phase and required a continuing program for the addict upon his return to the community. To learn and be able to live without drugs in a restricted environment is relatively easy. To do the same in the home community with all the stresses and problems without assistance is well-nigh impossible, though some have done it. These few had help from friends, family, and their inner resources to cope with their difficulties.

For the remainder, the bulk of the addicts, there is a need for aftercare programs in the community. The meager attempts to supply this have had some success—enough to warrant further and more intensive efforts.

However, the federal hospitals alone cannot support the whole program. Geography is a limiting factor of great importance. There is a need for more localized state and community-supported hospital programs combined with aftercare programs to meet the needs of the addict. Aftercare programs, in the experience of the Demonstration Center of the U.S. Public Health Service in New York City, should include a wide variety of services—social and welfare, vocational guidance and training, employment services, and psychiatric outpatient treatment.

Possibility of Cure of Addiction

Is the cure of addiction possible? No, not in the sense of an infectious disease—for all

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of the reasons portrayed in the personality and problems of the addict. Addiction proneness will continue as long as we have the problems of mental illness, social, environmental, and economic deprivation. Addiction is not resolved by penal treatment. The original reasons for addiction are not eradicated by penalties. To be sure, while in jail the addict is not using drugs, but the cost to society is great.

If we are to further reduce the incidence of drug addiction, we must reduce the market—the addict. Without his demands the illicit trade would collapse. Penal methods provide temporary relief but do not appear to be a permanent solution and is a costly business at best. An isolated colony for addicts for life has been advocated. This is based on the unproven theory that *only* addicts make other addicts. If this theory is not true, the new addicts in New York City alone would soon populate a large colony.

Medicine has advocated for many years a rational program toward rehabilitation of the addict with the realization that, as is the case in many physical and mental illnesses, 100 per cent cure is not possible, that one must expect relapses, that the immediate goal is to extend the time between relapses, and the long-term hope that there will be no relapse. It is acknowledged that the underlying original problems are lying dormant for the rest of the addict's life (14, 15).

Medicine has not had a free hand nor a fair opportunity to provide a complete rehabilitation program over a period of time. The Council on Mental Health of the American Medical Association has certain minimal recommendations (13):

1. Development of institutional care programs in cities and states with significant problems.

2. Study of various means to obtain institutional care in states with small addiction loads. One such proposal is for several states to set up an institution which would be operated jointly.

3. Development of programs for intensive post-institutional treatment of addicts. Such measures would include supplying of various

social services, vocational rehabilitation, and, where possible, psychotherapy to addicts for adequate periods following discharge from institutions. In many instances, available facilities in other programs might be utilized. States with serious problems should develop special programs for addiction.

4. Development of methods for commitment of addicts to institutions by civil action rather than through actions in the criminal courts. In this connection the Council further recommends that where civil commitment procedures can be used, criminal sentences for addicts who are guilty only of illegally possessing and obtaining opiates, marihuana, and cocaine should be abolished. Criminal sentences for illegal sale of narcotics should be retained but persons who are addicts and who are sentenced for such offenses should have the same opportunity for probation and parole as is afforded offenders against other laws. Mandatory minimum sentences for addict violators would interfere with the possible treatment and rehabilitation of addicts and therefore should be abolished.

5. The Council strongly recommends that the policy of voluntary admissions for the treatment of addiction should be continued, extended, and encouraged.

6. Continue support and expansion of mental health programs. Because of the importance of psychiatric factors in addiction, such programs should eventually have an effect in reducing addiction even though not specifically aimed at that problem.

There have been advocates of a system of clinics to provide free drugs for confirmed addicts. Most experts in the field doubt that such a plan is workable. Certainly even experimentation with such an approach should be deferred until the above methods have been tried for a sufficient length of time.

Possibility of Prevention

There are a number of techniques on this score that have been advocated. Education has been highly recommended (16). If done properly by skilled persons, it could well have good results. Too often, however, teaching of the evils of addiction is carelessly done with a negative "Thou shalt not" approach. The ones who are prone to try anything for

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"kicks" are enticed by the "naughty." The best prevention is no panacea, but a continuation of the large complex and long-term programs to eradicate the roots of delinquency, social, emotional, and economic maladjustment—pious words yet as realistic as is possible at this time.

What Results Can Be Expected

There are fewer addicts today than 40 years ago despite a growing population and no significant decrease in the social and emotional problems of the day. Analysis of the age distribution of addicts in institutions indicates that the addict of yesteryear is not in today's institutions. This is to say that the preponderance of addicts known and committed now fall in the age bracket of 20 to 30 years. What has happened to yesterday's addict? If we knew the answer to this, we might be able to evaluate what happened to him and put more efforts in these areas. An attempt to find out is being made by the Demonstration Center of the U.S. Public Health Service in New York City.

We cannot say that all addicts are hopelessly doomed to addiction. The numbers who do not relapse for periods of 5 years or more are few but significant. A concerted program of all community effort could increase the number of those rehabilitated.

In brief, we need to combine all efforts, medical, social, legal (law enforcement) in a mutually integrated program if we are to further reduce the incidence of addiction. It is not a case of all treatment versus all punishment; rather, what is required is an appropriate application of all methods where indicated by individual needs of the addict.

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KENNETH W. CHAPMAN

NATIONAL ORGANIZATIONS IN SOCIAL WELFARE. National organizations in the broad social welfare field have a long history, the oldest of them having been founded about 100 years ago.¹ Formation of national agencies proceeded slowly at first but took a decided spurt immediately preceding and following the first and second World

¹ Among them the National Council of the Young Men's Christian Associations of the U.S.A. (1854); American Correctional Association (formed as the American Prison Association in 1870); American Public Health Association (1872); National Conference on Social Welfare (formed as the National Conference on Charities and Correction in 1873); and the American National Red Cross (1881).

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Wars. The number of national agencies in the health field, particularly, has increased substantially in the past decade.

As a general rule, national welfare agencies were engaged largely in their early years in establishing their own proper roles and functions, in organizing themselves internally, and in interpreting and promoting their activities to the communities and organizations they served. At the same time they were studying and surveying in order to learn not only the major needs in their special fields but also the best ways of meeting these needs.

The second phase in the history of most national agencies was a natural progression to the development of standards based upon the examination and study which had been done. Standards for their affiliated organizations were then their major concern, as well as the further development of the basic policies within which the national agency itself was to function.

At present the emphasis is on community organization—the area of relationships and understandings, of negotiation and interaction, of social action and legislative planning. Together with this goes the further development and careful planning of the agencies' own programs in relation to newly discovered facts and needs. Most national agencies also retain some of the functions and characteristics which were part of the earlier phases of their history.

One of the newer and certainly one of the increasingly important emphases of national agencies is that being placed on research. This is particularly the case in the health field. The Lilly Foundation Workshop and subsequent activities to recruit and train research personnel, as well as other efforts, show the importance which the national welfare agencies, voluntary as well as governmental, place upon research. This interest is not limited to those organizations whose primary function is research, but is almost equally the concern of operating agencies in welfare and health. Scientists and researchers who receive grants from national agencies are frequently able to cooperate and exchange

views through conferences and publications sponsored by those agencies.

The primary concern of many national organizations today is with local communities. They frequently work with these localities indirectly through regional or state offices.

Number and Types of National Organizations

The directories in this volume list some 337 voluntary national and 65 federal agencies operating in the social welfare and related fields, including family and child care, health, corrections, recreation and group work (or informal education), community organization, and administration. These organizations have an important function to perform in making available to local communities the accumulated experience gained in contact with many other communities and in carrying on a variety of responsibilities that require a united national effort.

National agencies came into being in one of two ways; either as a result of demand from local groups who saw the need for sharing experience and information with each other and who expressed in a "grass roots" fashion the need to organize a national body to give a greater thrust to their objectives and program; or they arose as a result of a central "movement" originating with an individual or group which later gained local adherents in the form of chapters or similar units. An example of the first type is the Child Welfare League of America, which was founded in 1920 as the result of informal meetings of executives of a few child welfare agencies on the east coast. An example of the second type is the Boy Scouts of America which, organized in 1910, embodied the ideas of its founder and became a national movement with local units developing under the aegis of a headquarters office.

There is no universal pattern for national welfare organizations, as they vary widely in objectives, in philosophy and program, and hence in structure and operation. While no tidy classification is feasible, except for the federal bureaus and other units controlled by federal legislation and regulation (*see*

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FEDERAL AGENCIES IN SOCIAL WORK), a distinction can be drawn between those which were organized to attack a specific problem, such as cancer, heart disease, child labor, and the like, and those which were established primarily to serve their constituents or affiliates in the local community, such as the Family Service Association of America, the Child Welfare League of America, and the National Federation of Settlements and Neighborhood Centers.

Agencies of the first classification are most frequently found in the health field, where a substantial number have organized to promote and support research and treatment in relation to a specific disease or condition, to devise preventive measures, and conduct public education. (There are a number of others in this classification, however, such as various foreign service agencies which raise funds in this country for relief and for various other specific activities.) The second type of agency, which is devoted primarily to serving its members, is quite differently orientated and administered from those centered on a single national objective. Organizations in this group usually conduct programs which have their roots in local communities where problems of human beings arise and where they must be met. Most local agencies are affiliated with at least one national organization.

Functions of National Organizations

In general, the national agency serves its field (and, indirectly, the entire welfare field) by providing leadership in philosophy and practice, and by helping to expand and strengthen the services of its local member agencies. It offers advice and consultation on technical matters, including professional problems within the local agency; on fund raising; on the recruitment and training of personnel; and in the area of board and community relationships. It gathers information germane to its program from its member or local units and from other sources, and compiles data for the guidance of the agencies and the general public, with special reference to the nature, volume, and extent of the

problems with which its particular field is concerned.

It is a recognized function of the national agency to formulate and present to appropriate groups recommendations relating to the improvement of social conditions within its sphere of interest. Another important role is the designing and conduct of research which may throw light on conditions or problems pertinent to its field and to the methods and techniques employed by its affiliates.

The national organizations usually serve their affiliates by developing standards of work, by maintaining personnel placement services, by helping to formulate policies and practices, and by offering consultation on all phases of operation. Most national organizations conduct certain central services of this kind which can be provided more effectively and economically than would be possible through individual local effort.

In order to carry out these functions, the national organization maintains a qualified staff at its headquarters and usually in the field; it conducts national and regional conferences, seminars, and institutes; it publishes technical and popular material in its field of interest; and it frequently operates a supply service for campaign and public relation purposes. The staff is usually divided into departments according to function: executive, finance, personnel, program, field operations, and so on. An elected board of directors with an executive committee is given responsibility for the over-all policies and general direction of the agency. In most instances the membership of the organization is represented in a council or assembly which meets periodically. This group is usually vested with ultimate authority and is made up of local representation designed to assure geographic distribution as well as various points of view, experience, and background.

Financing of National Organizations

National organizations derive support from the same sources as the local welfare services, namely, allocation from united community funds, contributions from individuals and

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corporations, income from endowment, fees and reimbursements for services, and the sale of goods and publications. Funds received from united community funds are forwarded directly or through local affiliate organizations. Some foundation grants are received, but generally for special projects rather than on a continuing basis of general budget support. While united or federated campaigns raised substantially more funds in 1959 than in the previous years (about \$235,000,000 more than in 1950, for example), most national agencies find it difficult to support their programs to the extent they desire and in accordance with the desires of their affiliates. There is no information available regarding the totals raised by the national organizations during a given year, as there is little comparability in financing and reporting practices and as yet relatively little uniformity in accounting. The financing problem is complicated by the fact that to many local people the program of national agencies is intangible and only indirectly concerned with service to individuals. It has been correctly said that there is a long distance between the place where the money is raised and the place where its impact is actually felt.

The problem of federated versus independent financing continues to constitute a highly important national issue. Most of the major national organizations with local affiliates have accepted the federated financing idea and most of their constituents are members of local community chests or united funds. Many of these national agencies are cooperating through the National Social Welfare Assembly in the effort to provide better interpretation to local communities and hence improve their opportunities for increased support.

The larger national agencies, however, such as the health agencies which are devoted primarily to a single cause or program, are generally not favorable to full participation in community fund campaigns. They believe it is important to obtain the maximum amount of attention from the community with relation to the problem in which they are interested, and that the individual giver's

right to give as he pleases must be protected. It is their conviction that these purposes can be better served through individual campaigns, and also that more dollars can be raised outside of a federated campaign. A few of the health agencies feel sufficiently strongly on this point so that they have forbidden their local affiliates to participate in federated financing in any way. Recently, however, the American National Red Cross modified its policy in this regard, leaving it to the local chapters to make their own determination, with the announcement that within a period of a few years a careful review of the total situation will be undertaken to determine whether the chapters have, by and large, approved of this freedom of choice.

Other recent developments of significance include a move of the American Heart Association, endorsed by the American Cancer Society, to conduct a study "to create better understanding of the primary health needs of the nation and at the same time to provide a yardstick for adequate and intelligent support of those health causes which are of greatest concern to the greatest number of people." The resolution which recommended the study pointed to "public confusion," created by the "increasing number of appeals for support," which "has diverted attention from the urgent goal of conquering the major chronic diseases that are the greatest threat to the health of the nation."

A considerable amount of lively discussion, some controversy, and occasionally sharp conflict have arisen in local communities between the strong adherents of federated financing, on the one hand, and those who are convinced that individual campaigns, particularly for certain causes, are more effective and hence more desirable. Groups and individuals in several cities have taken advantage of a plan set up by the National Fund for Medical Education whereby corporate or individual contributors who desire to support basic medical research without designating a specific disease or condition may do so with the assurance that the funds thus contributed will be distributed by competent and objective

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people who are knowledgeable in the field of medical research. This so-called "whole man" approach is regarded by some adherents of the individual campaign point of view as a device for gradual elimination of independent campaigns. The local and national chest leaders, however, contend that they are responding to the demands of contributors who see the independent campaigns directed at the attack on a single disease entity as fragmenting the human body, and are therefore seeking an opportunity to support a total or integrated program of basic research and service.

The public interest in the problem of federated and independent campaigns has been sharpened and focused in recent years by virtue of the increase in both size and number of the national health agencies. Additional interest has been shown in the problem because of the vastly increased allocations in support of medical research made by the United States Congress to the National Institutes of Health. Ten years ago the federal government's share in the expenditures for medical research constituted only 10 per cent of the national total. Today it has reached an unprecedented high of nearly 60 per cent, or over \$300,000,000; and the report of the Scientific Committee, appointed by the Department of Health, Education, and Welfare in 1957, recommends a very substantial increase in this amount by 1970.

Actually, and logically, the united fund movement arose out of the community chest experience of the past quarter-century. The new local and national health agencies grew, both in program and in budget, and it became necessary for communities to take cognizance of this fact if they desired to retain any organized community planning on a local level. Independent national appeals were continuing to make increasing demands on local communities, in proportion to their increasing usefulness to local agencies. The objective of the united fund movement was to bring together as many of these appeals as possible, thereby reducing the number of campaigns in a given year. This would also, it was believed, aid in coordinating services

for the ill and in centralizing community planning.

The first united fund was organized in Detroit in 1949, and the United Foundation of that city not only succeeded in bringing into its initial campaign ten previously separate national campaigns but also raised more money than those campaigns had secured separately. Since 1949, 1,234 cities have set up united funds. *See UNITED FUNDS AND COMMUNITY CHESTS.*

The National Budget Committee was formed in 1942 to help meet the need for an effective system of national health and welfare services and for more orderly and more adequate financial support for such services. Sponsored by United Community Funds and Councils of America and the National Social Welfare Assembly, it operates on the theory that national agencies can only be budgeted nationally; and it attempts to do for all of the country's communities a job that no community alone can do for itself, namely: . . . "examine programs and financial records of voluntary national health and welfare agencies; examine experience and support plans for such agencies; develop quota data to divide responsibility for supporting national services among communities; report with findings to communities on the program, budget and support plan which seems justified for each participating agency; and encourage by these means adequate and orderly financing of such agencies."

This group, numbering about 120 persons, has worked through panels and subcommittees and has cooperated with committees of the National Social Welfare Assembly, particularly those on Quota and Support and on National Agency Financing. However, the Committee's effectiveness has been limited by the fact that many of the larger agencies do not participate; and the lack of full acceptance of the Committee's recommendations on the part of many united funds and chests enables it to influence directly only a small percentage of the allocation of funds. Reappraisal of the Committee's functions has recently resulted in recommendations which may improve the present situation.

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"Packaging" of national fund appeals started during World War I. It continued with the United Service Organizations (USO) and its former financing agent, the National War Fund, during World War II and the Korean conflict. The United Community Defense Services, formed in 1950 to help defense-impacted communities but now disbanded, is another example of "packaging." These were all geared to emergencies, but there are examples in Michigan, North and South Carolina, Pennsylvania, and Oregon of state funds which continued after the emergency measures ended. Another approach has been proposed by the AFL-CIO Community Services Committee—that of setting up a national health fund.

There is evidence that the counsels of the more statesmanlike members of both camps in the current federated-independent campaign controversy are beginning to prevail. There is increasing expression of the conviction that productive working relationships are not only desirable, but actually feasible. Most persons who are experienced and knowledgeable in fund raising believe that while it is desirable to have a single federated drive in a community which would join all local and the major national agency appeals, there would still remain agencies which would be inappropriate or ineligible for inclusion.

Other Problems of the National Agencies

Five major problems can be listed as among those which face national agencies:

1. The local constituents of national agencies are usually located in the larger cities across the United States; obviously, therefore, many smaller cities and wide rural areas are beyond their reach. The mobility which modern transportation and modern sources of power give to industry serves to create and to change centers of population. The nationals recognize that need for service exists in these places, and that they must be flexible in program and work out effective plans to determine and provide for these needs.

2. The national agencies must depend upon

boards and committees which are representative of the country as a whole or else they become regional or local in viewpoint in spite of their nationwide duties. Although air travel has greatly increased the speed of getting from place to place, it is still not easy for a board member living in Houston, Texas, or Seattle, Washington, to attend meetings in New York or Chicago or Washington, D. C. The two newest states, geographically distant as they are, will add to this problem. The small operating budgets of most national agencies frequently make it mandatory for such people to travel at their own expense of money and of time. The problem of securing representation on national policy bodies is, therefore, a real one which must receive close attention.

3. Decentralization is a matter to which national agencies devote considerable thought. To what extent is it practical and necessary? Field staff members working out of the national headquarters have the advantage of bringing direct and first-hand communication to and from the seat of policy-making and the center of information. However, many programs are related to state governments, and there is an advantage in having the national staff decentralized into regional or state organizations where they are in closer touch with the day-to-day developments at that level.

4. National agencies are thinking about how best to assure the establishment of high standards on the part of the agencies in their fields. Is it preferable for them to be exclusive in admitting local constituents or affiliates to membership and thus leave many agencies unaffected by the standard-setting work of the national, or to be inclusive and thereby admit to affiliation many agencies whose standards are known to be below those set by the national? The former method would insure "purity" but the latter would enable national staff to work with substandard locals to improve them.

5. National agencies must frequently represent their constituents in appearances before federal legislative bodies and in conferences with legislators and administrators on the

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national level. The determination of the proper role and weight which the several organizations should carry in relation to the size and importance of the field which they represent is a matter to which study is being given. Attention is also being directed toward developing methods which will best serve to translate the strength and experience of the national agencies into effective public social policy.

National Organization Relationships

Problems which cut across agency lines present a special difficulty which the intra-agency channels of communication, no matter how excellent and effective they may be, are not equipped or designed to handle. Studies have shown that information and experience flow quite smoothly between individual nationals and their locals, and that corresponding lines of communication are maintained within communities by health and welfare planning councils. There has been, however, a paucity of exchange between local planning councils and individual nationals, and among the nationals themselves, so that experience is not fully available for inter-agency planning either on national or local levels, or between the voluntary and governmental national agencies.

Bilateral or multilateral interagency agreements, during and since World War II, have served as a device for minimizing duplication and strengthening existing services. There are similarly many working arrangements among federal governmental units. Teamwork among fifteen national agencies was demonstrated by United Community Defense Services, intended to give essential services to defense-impacted communities on a cooperatively planned basis, through extended field consultations and reconnaissance surveys, through subsidies to existing agencies in affected communities, and through direct operations by one or a combination of the agencies. This local cooperation extended to local units of nationals not affiliated with United Community Defense Services.

In the 1920's, national agencies recognized

the necessity for setting up channels for communication and for cooperation on certain projects. During the succeeding years these have merged and grouped, ultimately forming two major organizations, the National Social Welfare Assembly and the National Health Council. The former now has some 70 affiliate organizations including professional health, education, and welfare organizations under governmental, voluntary, and religious auspices, and four associate groups (the Council on Social Work Education, National Council on Agricultural Life and Labor, National Health Council, and the United States Committee of the International Conference of Social Work). The National Health Council has some 65 members including voluntary health agencies, governmental health services, business firms with substantial health interests, and professional associations. While an impressive list is thus made up, even more impressive is the undoubted fact that the whole is greater than the sum of its parts and that the National Health Council and National Social Welfare Assembly are entities in themselves.

The National Health Council has set forth its functions under the following three principal categories: helping member agencies work more effectively together in the common interest; helping identify, call attention to, and promote solutions of national health problems; and promoting better state and local health services, whether governmental or voluntary. The Council regards itself as a conference ground, and one of its major activities is the planning, conduct, and follow-through of an annual Health Forum which in recent years has been on such subjects as the health implications of Urban Sprawl, Occupational Health, and Health of Older People. These Forums involve contact with and participation by many groups not otherwise identified with the Council; therefore the Council regards them as having a large potential for cooperative action in the cause of health. In addition, acting through committees, the Council maintains contact with some 800 state and local health councils, endeavoring in this way to stimulate more

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effective community health planning; develops content for the United States Junior Chamber of Commerce in that organization's year-round program on community health; and considers problem areas in health education. The Council also sponsors meetings of executives of member agencies and other special projects. The program to which the Council gives high importance is its development of the Health Careers Commission to direct attention to problems of health manpower.

The National Social Welfare Assembly's purpose is to further the concepts of the inter-relatedness of all parts of the well-being of all people through a three-fold partnership of government and voluntary, national and local, lay and professional interests. It seeks to be nationally what a community welfare council is locally.

The Assembly acts in a dual role, namely, both as a service facility for its affiliates and as a planning body dealing on the national level with large social problems. The facilitating of conferences is one of its major functions, and a study of this area is under way, considering, among other factors, the pressure for reaching the entire country with conferences by shifting the locale more frequently, the use of regional meetings, and the pressure for active citizen and lay participation.

The National Social Welfare Assembly also works through a committee structure which includes some 16 committees. Their work covers a variety of subjects of importance to the entire membership and to the entire nation as well. A few examples beside those mentioned earlier will serve to give an idea of the scope and breadth of The Assembly's efforts. The National Committee on the Aging is a central national resource for organizations and communities concerned with older people; it offers consultation and information service, materials, conferences, and special projects. The Committee on Social Issues and Policies is concerned with stimulating, supporting, and facilitating interest and work in pertinent questions of current social policy. The Committee on Educa-

tion by Television has placed emphasis on efforts to relate the rapidly growing medium of educational television to the needs of the social welfare field.

Examples of effective cooperation on matters of national concern might be proliferated. The National Publicity Council for Health and Welfare Services, the Social Work Vocational Bureau, the National Information Bureau, the Social Legislation Information Service, and the Health Careers Commission were all established largely on the initiative of national agencies, acting singly or in a group, to serve common specialized needs which their respective names make clear. There are in addition other organizations concerned with national planning. Examples are the Associate Groups of the National Conference on Social Welfare, the American Council of Voluntary Agencies for Foreign Service, and the central welfare coordinating bodies of each of the three major religious faiths.

The national agencies constitute a method and a means of giving local services the added dimensions and perspective which is necessary in this period of change. War and its aftermath; technological and scientific advances; the steadily increasing power of organized industry and labor; the urbanization and suburbanization of our mobile population: all these and other things create a need for modernization of social work to meet over-all human need. National agencies are a major element in the process of gearing social and health work to our changing society.

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PERSONNEL OF SOCIAL WELFARE, THE. "In no country have the frontiers of social welfare or social service or social work been established beyond cavil. In no country has terminology been so standardized as to make possible the assignment of precise meaning to such terms as 'social welfare,' 'social service,' 'social work' and 'welfare work.' In no country have all the functions of the social worker or welfare worker been unequivocally differentiated from certain functions performed by members of such closely allied professions as medicine, nursing, teaching, law or religion."¹

In the United States the term "social welfare" is broad in scope and is used to encompass many services and programs for the promotion of the well-being of all people. Within this broad concept, the field of social welfare embraces many agencies and services which are not manned by strictly "social welfare" personnel. The doctor, the nurse, the educator, the clergyman, also of course serve

the well-being of the individual and of the community. However, since the members of these professions have quite distinct functions of their own which can be clearly differentiated from social service or social work functions, even when they are working in close cooperation with the social services, they will not be dealt with in this article. Our focus will be on the personnel engaged in organized activities carried on by agencies and organizations offering services on a nonprofit basis and having a direct concern for human need. No attempt will be made to differentiate precisely among the terms "social welfare," "social work," and "social service" used in carrying on such activities.

The many welfare services are classified in some instances under auspices such as "public welfare," "medical social service," "correctional services," or according to function such as "family welfare" or "community planning." A partial enumeration of where welfare personnel can be found will illustrate the variety of program activities coming within the scope of this article.

Broad Setting in Which Personnel Operates

Social welfare services are to be found in all parts of our country, in rural and urban settings; in voluntary and governmental programs carried on by local, state, and national agencies; and in international programs such as the refugee programs of United Hias Service, International Social Service, and the International Society for the Welfare of Cripples. Voluntary agencies may be under nonsectarian auspices, as Camp Fire Girls, or sectarian auspices, as the Lutheran welfare services. Welfare personnel can be found in the group work and family service agencies; in the public assistance and child welfare programs; in hospitals and clinics, in recreation services, public and private; in family life education programs; in multifunctional agencies concerned with intercultural programs, human rights, improvement of race relations, and civil rights; in community organization. In addition they may be found performing social work functions in settings other than social service agencies: in public schools, in the

¹ See United Nations, *infra*.

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courts, in labor organizations, in personnel departments of industry, in public housing programs, and in the military. There are several hundred social workers in private practice, largely in several metropolitan areas.

In the field of social welfare in the United States, millions of individuals, paid and volunteer, serve in these public and voluntary agencies. A phenomenon of our American culture is the participation of our citizenry, young and old, male and female, on all economic levels, in forwarding the objective of welfare programs, through serving on boards and committees, as fund raisers, as interpreters of services and of the need for services and through giving services.

Although several million volunteers are engaged in social welfare activities, no accurate unduplicated count of the number of them engaged in direct service has been compiled. They are to be found in many kinds of voluntary agencies and in certain public welfare services. The volunteer through his participation both enriches and extends the services in many welfare programs. *See CITIZEN AND VOLUNTEER PARTICIPATION IN SOCIAL WELFARE.*

EMPLOYED PERSONNEL

Number and Distribution

The one comprehensive study of social welfare personnel, *Social Workers in 1950*² was made by the Bureau of Labor Statistics. Much of the data in that report is out of date. While a similar study will be undertaken early in 1960, the findings will not be available until late in that year. It is generally estimated that there are 125,000 persons employed in social work positions in the United States, exclusive of 15,000 public and voluntary recreation workers. The distribution of these workers throughout the country corresponds to the degree of urbanization and industrialization of the area. In 1950 the largest number of social workers, both voluntary and governmental (state, county, and local) was concentrated in the most heavily populated areas—the middle Atlantic states

of New Jersey, New York, Pennsylvania, and in the Great Lakes states of Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. Welfare workers in voluntary agencies are employed primarily in cities where such agencies are usually concentrated. Public welfare workers are found in both rural and urban areas, since under the Social Security Act a state must have the program operating in every county in the state in order to qualify for grants-in-aid for public assistance under that Act.

Traditionally social welfare has been a field in which women predominate. Midcentury, nearly 70 per cent of all positions were filled by women, with almost three out of four supervisors, and 41 per cent of the executives, in the casework and group work field being women. However, 36 per cent of full-time enrollment in the graduate schools of social work in 1957-1958 were men. The gradual increase in the number of men students and the increase in the number of men in executive positions in community organization work forecast a higher percentage of men in social work.³

Public assistance coverage being nationwide, it is the largest single source of employment, accounting for over two-fifths of all persons in social work positions. Child welfare, both governmental and voluntary programs, are next, and then come group work (exclusive of public recreation) agencies, voluntary family service agencies, and general medical hospitals and clinics. Community organization, work with adult offenders, mental hygiene, and work with the physically handicapped have expanded in recent years, and the 1960 Bureau of Labor Statistics study probably will reveal a higher proportion employed in these fields.

The average age of all social welfare workers in the 1950 study was 40 years. Age increased in direct ratio to the level of responsibility. Caseworkers and group workers averaged 37 years of age, supervisors 44, and executives 46. These 1950 facts are borne out in a 1955 study of age and sex in the

² See U.S. Bureau of Labor Statistics, *infra*.

³ See Council on Social Work Education, *Statistics in Social Work Education (infra)*.

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positions of the beginning worker called "social investigator" and assistant supervisor in the New York City Department of Welfare.⁴ A recent YMCA study revealed that the shift from program to administrative positions in the YMCA starts at about age 30, when the beginning "secretaries" have three or four years' experience.⁵ Many agencies, because of expanding programs and attendant shortage of staff, are promoting persons to administrative positions after several years' experience, and national agencies thereby are called upon to give more inservice training to help these new executives encompass their responsibilities. The "interrupted career" woman and the retired worker are being recruited for full or part-time employment for the increasing number of direct service positions. Thus the 1960 study may reveal the same and even a higher over-all average age, but a lower average age for executives.

In 1950 over half the social workers were married (80 per cent of the men and 40 per cent of the women). There are indications that currently this figure is higher, due to more men entering the field and women remaining at or returning to work after marriage.⁶

Despite the impressive total figures, the field of social welfare is one of the shortage professions. Increase in population and an increased demand for services have resulted in a steady expansion of existing services and the development of new welfare services. To man these services, accelerated recruitment programs on all levels—local, state, and national—have been in operation in recent years, to attract both men and women to the field. The Council on Social Work Education takes major responsibility for encouraging and coordinating recruitment efforts, and has developed useful materials for such purposes.⁷

⁴ *The Welfarer*, October 1955, published by New York City Department of Welfare.

⁵ See National Council of the Young Men's Christian Associations of the USA, *Salary Experience of YMCA Secretaries* (*infra*).

⁶ See U.S. Department of Health, Education, and Welfare, *Study of Staff Losses in Child Welfare and Family Service Agencies* (*infra*).

⁷ See Council on Social Work Education, "Recruitment" titles, *infra*.

There are no current over-all figures as to the needs, but it is estimated that 15,000 social welfare workers, including 3,000 recreation workers, are needed each year to fill vacancies in voluntary and governmental agencies, due to newly created positions and to staff turnover.

The field of social welfare has recognized that industrial expansion and increased need for teachers, to name only two forces, have increased the competition for youth beginning their careers. Military service for men delays their possible entry into the field of social welfare. Studies of teachers and woman-power indicate that women, the mainstay of social welfare personnel, are marrying earlier and having families—and larger ones—earlier. Later, when the children are in school, women are returning to or seeking employment or even preparation for employment. These phenomena have resulted in a re-evaluation of the sources and methods of recruitment, age specifications which may have been imposed unnecessarily, and an examination of curricula in the schools of social work to make graduate study meaningful to the mature student with a rich life experience.

That the recruitment programs are having an effect can be seen readily. Although in the early 1950's full-time enrollment in graduate schools of social work reached an all-time low, through extensive recruitment activities it has increased, and in the academic year 1958-1959 reached an all-time high of 4,942; 1,744 persons were graduated in 1958. In the recreation field, 600 are graduated annually from colleges giving training in this field.

Education and Training Requirements

In 1950, two-thirds of all social workers had college degrees and one-half had taken graduate work, chiefly in the social work field. Federal government social workers had the most education, while government workers at the state and local level had the least. Three-fifths of the supervisors of caseworkers and group workers had some education in a graduate school of social work. Caseworkers in mental hygiene clinics had the greatest amount of formal educational preparation, al-

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most 95 per cent having had one year or more of graduate school of social work education, over 80 per cent at least two years. The younger worker had more general education than the older. Ninety per cent of the 22-24 year age group reported a bachelor's degree, while not quite 25 per cent of the 65 year and over group had a college degree.

A minimum of a college degree is almost a universal education requirement of both voluntary and governmental agencies. Although some states set high school graduation as their minimum requirement for the entrance position in public welfare, most new employees meet the higher requirement of a college degree.

A college degree in itself is not the sole educational criterion. Agencies prefer to employ individuals who have taken graduate education. In the voluntary family and children's casework field, graduation from an accredited school of social work with major emphasis on casework is a prerequisite to employment. *See EDUCATION FOR SOCIAL WORK.* County public welfare agencies may require some graduate work at a school of social work for selected beginning positions, such as child welfare worker.

Other fields of practice in social work—social group work, community organization, research, and administration—generally require graduation from an accredited school of social work. Teaching positions in schools of social work prefer a Ph.D. degree but require a masters degree.

Agencies with a religious orientation, such as the Salvation Army and the YMCA, require some training in Christian theology.

In the leisure-time education-recreation programs, the usual requirement is a minimum of a college degree. Individuals are also required either to have majored in or taken courses in a wide selection of subjects—the social sciences, education, health education, recreation, administration, and religion. Because of the diversity of programs within these agencies, specialties in one or more of the above are stressed. Some agencies, such as Boys' Clubs of America, accept individuals for employment who have a major in either

physical education or group work, and in cooperation with selected universities have developed curricula especially for Boys' Club work. The YMCA, in addition to drawing recruits from colleges and universities, has specialized curricula for training in group work in Springfield College in Massachusetts and George Williams College in Chicago. The public recreation field, through the National Recreation Association, works with more than sixty-five undergraduate colleges offering a recreation major and maintains a list of such colleges for persons interested in preparing for leadership in this field. The Boy Scouts of America conducts its own formal training courses, at its National Training School, for accepted candidates with a college degree. In agencies where graduate social work training is emphasized, such as Jewish community centers, a college graduate may be employed for a period of two years, during which time he must decide whether he wishes to remain in the field. If so, he must take graduate education in social group work.

Agencies which do not require graduate training for entrance into their fields encourage, and in some instances require, graduate training for promotion or entrance into other than the lowest level of professional position. Graduate training may be in social work, education, personnel, guidance, recreation, theology, and administration, as mentioned above. The leisure-time education-recreation agencies recognize a greater variety of graduate education background as contributing to the competency of their professional personnel than do the casework agencies.

Opportunities for Training

Graduate professional education is costly, and agencies recognize this through making possible a variety of opportunities for selected staff to acquire such training. *See PERSONNEL STANDARDS AND PRACTICES.* An increasing number of agencies and organizations, public and private, offer scholarships for one or two years of training in a graduate school. Through the federal grant-in-aid program for training child welfare workers, for over twenty years states have been encouraged to

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offer full two-year scholarships for completion of professional study. More recently the National Institute of Mental Health and the U.S. Office of Vocational Rehabilitation, both of the U.S. Department of Health, Education, and Welfare, have had funds available for graduate study. It is not uncommon, especially in the public welfare programs, to permit an employee to be absent from work for a specified number of hours weekly to take a course at a nearby school of social work. Work-study plans, evolved by an agency and a school of social work in such a manner as to maintain the essential ingredients of graduate education, are another way in which professional training is made possible for employees. "Internships" and "traineeships" are still other methods.

The sources of scholarship funds are many. In a 1957 study of personnel entering social work employment from schools of social work, it was found that this group alone received grants amounting to almost \$2,000,000, with the median size of the grant being \$1,755. It was estimated that approximately \$4,000,000 was granted in scholarship aid to students in United States schools of social work in that year.⁸ In the family service field local agencies offer scholarships, estimated in the aggregate to be upward of \$150,000 per year. In addition Family Service Association of America offers matching funds for new money raised by locals for new scholarships. In other agencies such as American Red Cross, National Jewish Welfare Board, Boys' Clubs of America, Girl Scouts of the USA, and YWCA, the national agency provides scholarships to a limited number of candidates recommended by the local affiliates. In several sections of the country two or more Jewish Community Centers pool their funds to offer one scholarship with the stipulation that the individual will accept employment in one of the donor agencies. An increasing number of community welfare councils administer scholarship funds for selected local staff.

⁸ See Council on Social Work Education, *Social Work Education Recruitment Issue*, Vol. VI, No. 2, April 1958, *infra*.

In the Salvation Army and the Catholic Charities, selected officers, priests, or nuns may be "assigned" to graduate study at the expense of the agency or diocese. The Lutheran Church offers scholarships to pastors. These and other national church welfare boards also offer scholarships to lay workers for graduate study in a school of social work.

Opportunities for Development on the Job

It is axiomatic in social welfare that the individual employee has an opportunity to improve his skills while on the job. This is provided through individual supervision, group supervision (a more recent development), seminars, refresher courses, and so on within the agency. National agencies such as YMCA, Camp Fire Girls, and Girl Scouts of the USA maintain training programs for the staff of local affiliates, whereas others such as the Child Welfare League of America and the National Travelers Aid Association in their regional conferences offer workshops on specific aspects of program or techniques. State public welfare departments carry on extensive and intensive inservice training programs for the improvement of the quality of service given.

Methods of Employing

The field of social welfare has no central employment service for personnel. From 1912 to 1948 several successive voluntary membership employment services were undertaken, but none was able to be self-supporting. At the present time a variety of services are offered under different auspices. In addition, the Social Work Vocational Bureau, a membership organization, offers its members a unique service in collecting references from a member's past employers, compiling these references and making them available to a prospective employer upon request.

For some years the United States Employment Service (USES) in cooperation with state employment services has been working with welfare agencies in the recruitment and placement of welfare personnel. Placement service for professional workers, serving both welfare employers and applicants, is available

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in all of the 1,800 local offices in the public employment system. In addition, an increasing number of cities have established specialized facilities to provide more concentrated and specific services in the professional field. Through joint planning with the National Conference on Social Welfare, the Social Work Vocational Bureau, and the National Social Welfare Assembly's Committee on Personnel, the United States Employment Service and its cooperating state employment services have provided, since 1953, a centralized employment service at the National Conference on Social Welfare for those attending the Annual Forum. Long-term plans of the USES and national agencies envision throughout the United States a network of professional employment services for social welfare personnel under public employment service auspices. *See EMPLOYMENT SERVICES.*

Widely differing methods of employing personnel are in operation, due to the different structures of the voluntary and the governmental auspices.

Governmental Agencies

Career service in governmental agencies, based on merit, is encouraged through a civil service or merit system. While civil service has been a long established institution in the federal and in some state governments, its expansion and extension to include welfare personnel in the governmental agencies gained impetus from the Social Security Act amendments of 1939. This legislation required the establishment and maintenance of personnel standards on a merit basis in state agencies receiving grants-in-aid under the Act. Similar requirements were extended to the various public health programs by regulation under the Public Health Act and were included in the Hospital Survey and Construction Act. Since effective administration of the various grants-in-aid programs for health, welfare, and employment security depends in large part upon the quality of personnel, the merit system is designed to "promote efficiency through a plan for selection and development of the best available staff, weeding out the incompetent and promoting

the outstanding."⁹ To achieve these over-all objectives, model laws and standards for merit system of personnel administration have been promulgated.

Social workers are also employed through civil service for the federal, state, county, and municipal courts and for public recreation programs. School social workers in public school systems are employed either through citywide civil service or, more usually, by the same employment policies established by school boards for teachers. Social workers in the Veterans Administration hospitals and clinics as well as certain workers in other federal hospitals are employed through federal civil service.

Within the framework of the several state merit systems there is some uniformity as to eligibility regulations. All require citizenship, none discriminate because of race, creed, or sex. However, some states have selective certification, based on caseload, colored and white personnel, and a few have selective certification as to sex for certain positions. The most common restriction is on residence of the candidate. The extreme is in New York City which requires three years' residence within the city for all civil service employees. In some states, county residence of one year is required; in others, state residence of one year. This latter permits transfer of personnel within the state. With the extreme shortage of workers with professional social work education, some counties and states waive residence, and even citizenship restrictions for certain positions calling for professional training, and examinations are "open competitive," advertised across the country. Top administrative positions also frequently are open competitive. Age is rarely a restriction, because many states have such a broad range — minimum 18 years, maximum 70 years.

Voluntary Agencies

Among the voluntary agencies there are many different methods used to recruit and screen persons for employment. Some agencies such as Boy Scouts of America have a

⁹ *Social Security Bulletin*, April 1950.

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roster in the national office of all individuals who have taken the required agency training courses and are eligible either for placement as a beginning scout executive or for transfer or promotion. In such instances the national agency exerts considerable control over personnel entering and remaining in its particular field.

Many national agencies offer a facilitating personnel service to their local affiliates. This may be a clearing house, whereby the service is limited primarily to passing on information that specified individuals are qualified and interested in a particular position opening in a local affiliate; or the national agency, having collected references on all candidates, may render a placement service in which it exercises judgment on the choice of candidates referred to a local agency for a given position. The house organs of some national agencies and the National Association of Social Workers carry paid advertisements of vacancies in local agencies. With the acute shortage of personnel, the present trend among national agencies which exercise some degree of central control over local agency personnel is to encourage the local agency to recruit and employ locally for positions other than the executive.

Restrictions imposed on employment in the voluntary welfare agencies differ from those found among state and local governmental agencies. Residence requirements are rarely if ever imposed. Citizenship is a requirement for some few agencies such as the American Red Cross and the United Service Organizations, which work closely with the military. Religion may be a requirement. Boy Scouts require both citizenship and the adherence to a statement of religious principle. The YMCA and YWCA, as their names imply, require adherence to the Christian faith. The YMHA requires background necessary to carry out its Jewish purposes. The Protestant denominational agencies are placing emphasis on professional qualifications rather than on membership in a particular religious group although, all things being equal, preference would be given to members of their sects. Some religious

groups, the Episcopalians for example, would like to fill administrative positions in church social work agencies or diocesan departments by clergy with social work training, and the trend is in this direction. The Roman Catholic Church has been training clergy for the profession of social work for thirty-eight years, resulting in the majority of Catholic Charities bureaus having trained priest executives. The Salvation Army gives preference over the lay social worker to its officers who have training in social work.

In theory, race is not a factor in employment in most sections of the country. In those states where there is legal segregation of races, legal restrictions may impose restrictive practices upon voluntary agencies, whereas in other states there is legislation prohibiting discrimination in employment because of race. Where neither type of legislative restriction exists, both national and local agencies are consciously endeavoring to practice a policy of an integrated staff, both professional and clerical.

The casework agencies employ both men and women on all levels. The group work agencies whose programs are solely for boys or girls employ almost exclusively men or women, respectively, to service such programs. In fund-raising agencies men predominate. This appears to be due to the greater aptitude and training of men in this field rather than to discrimination against women.

Age is another factor for some positions. The age below which an individual may not be employed—21, 23, or 25 years—is usually related to a combination of academic requirements and life experience to meet the demands of the particular job. The same problems regarding the employment of the older worker obtain in social welfare agencies as in the general employment field. Sometimes the reason for not employing an older individual is the difficulty in integrating persons above a certain age into an insurance or retirement benefits program; sometimes discrimination is based on the individual's capacity as related to the requirements of the job, and this may have some foundation in fact; sometimes the discrimination is based on

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an unfounded prejudice against hiring above a certain age regardless of the abilities of the individual.

Salaries

Salaries play an increasingly important role in both recruitment and retention of an adequate supply of competent personnel. The 1950 BLS comprehensive study revealed some significant regional differences with respect to salary, and undoubtedly differences remain. Some agencies in the lower paying regions have increased their salaries to equal those in the higher paying regions, in order to attract workers.

Only in national agencies are uniform salaries found throughout the country. The Veterans Administration, through the civil service system, has a salary plan which pays the same salary to a beginning social worker in a VA hospital in the Southeast as on the West Coast, given the same educational background and amount of experience. The same is true for the American Red Cross in its several direct national services to military personnel in camps and hospitals, and for field staff of national agencies where the same salary scale is applicable irrespective of location of a regional office. States in which all or part of the public assistance program is administered by the state through a civil service or merit system will have a uniform classification and pay plan, whether the worker is employed in an urban or rural area. On the other hand, where counties are administering these programs with state supervision, each county may have its own pay plan. For example, in New York State in 1959 the Suffolk County Department of Welfare had a beginning salary of \$4,480 for the social welfare investigator, while Schuyler County had a beginning salary for the same position, with identical education and experience requirements, of \$2,800.

Some national agencies periodically collect salary data from their local affiliates, share this information with them, and encourage them to set salary ranges consistent with the responsibility inherent in the job, education and experience requirements, cost

and standard of living, and commensurate with salaries paid for comparable background and training in other professions. At the express request of its affiliates and the National Health Council, the National Social Welfare Assembly periodically collects salary information, available only to participating agencies, on common key professional and clerical positions in national agencies and on economic benefits other than salaries.

National agencies such as the Family Service Association of America, YWCA, Girl Scouts of the USA, and National Federation of Settlements and Neighborhood Centers have established classification and pay plans as guides to their affiliates. In some cities the chest or community council has established a city-wide classification and salary plan. In a few cities efforts are being made to correlate the responsibility of a social worker with that of a position in industry, to arrive at a comparable salary for the social worker. The National Association of Social Workers at its 1958 Delegate Assembly established the goal of \$5,400 per year as a beginning salary for a graduate of a school of social work with no experience, and suggested the range should be such that in ten years of employment the salary may be \$10,000 per year.

One interesting illustration of variation of salaries within an agency occurs in the sectarian agencies, such as Catholic Charities and the Salvation Army. Since there are not enough qualified clergy or officers to fill all their social service positions, clergy and lay social workers perform the same duties, but the compensation for the clergy or officers as members of a religious group is far below that paid the lay social worker.

The wide variety of educational background and training required, the lack of standardization of job titles and duties, and the fact that all national agencies do not collect salary information annually make difficult the securing of comparable salary data in the social welfare field or even in one specialty within the field. Nevertheless, an examination of selected salary data available for 1950 and 1958 throws some light on trends.

In 1950 the median minimum salary for the

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public assistance caseworker was \$2,040;¹⁰ in 1958, \$3,585.¹¹ In public child welfare the median salary of all caseworkers was \$2,724 in 1950 and \$4,296 in 1958. In 1950 the beginning salary for VA social workers with a graduate degree in social work was \$4,205; as of 1958, the entering salaries were \$4,980 for a social worker with a graduate degree in social work with no experience and \$5,985 with one year's experience. (This change reflects a new social work classification plan and the fact that all federal workers benefited by two statutory pay raises, 7 per cent in 1955 and 8 per cent in 1958.) In 1950 the median beginning salary for caseworkers in member agencies of the Family Service Association of America was \$2,700; in 1958 \$4,250; and in 1959, \$4,476.¹² In the group work field generally salaries lag behind those in the casework agencies. For example, in New York City in 1958, advanced group workers had a median salary of \$5,150 as compared with \$6,060 for senior caseworkers.¹³ The median salary for program director in the YWCA was \$2,700 in 1950 and \$4,000 in 1958.¹⁴ In Jewish Community Centers, figures for the same position were \$4,500 and \$6,500.¹⁵ The recreation field reports the median salary for executives in cities of 100,000 to 250,000 in 1950 was \$4,960, whereas in 1958 it was \$7,500.¹⁶ While these figures reveal gain in salaries, national agency studies point out that the cost of living has also increased, so that the net gain is little more than half the dollar gain.

For the administrator, the pressing problem of salaries is closely related to recruitment. Pay plans in governmental agencies are related to classification plans, but depending upon administrative auspices there can be

wide differences in salaries within a state. Salaries in voluntary agencies are determined locally. Basically the salary paid for any position depends upon the value the community places upon its product. Executives, board members, community welfare councils, and national agencies are all concerned with improving salaries in order to attract and retain workers.¹⁷

Any study of salaries and salary trends should also include an examination of opportunities for advancement within the agency and an examination of fringe benefits. Studies conducted by several national agencies on staff turnover in local agencies show clearly that while salary is not the major reason for leaving a job, it is one of the first three reasons.¹⁸

Social welfare personnel always has been characterized by its mobility. State residence restrictions in the public social services may limit mobility to within the state; but where a state public welfare program has no such restriction and since there are none in the voluntary agencies, social workers are free to seek employment where salaries and working conditions are advantageous.

Interrelation of the Several Professions

The horizon of social welfare continually is being extended. Technological developments, discoveries of the causes of physical and mental breakdown, remarkable acceleration in the development of medicine and in methods of treatment, greater awareness of new areas in which the American people have a concern for the improvement of both social and economic conditions, all contribute to the extension and expansion of social welfare services. With the new discoveries and new approaches to old problems has come an ever increasing awareness of the necessity of teamwork between social workers and other disciplines working in the humanities. Doctors, nurses, hospital administrators, pharmacists, lawyers, clergy, and social workers sit together

¹⁰ See Council on Social Work Education, *Social Work Education*, Vol. III, No. 3, June 1955.

¹¹ See U. S. Department of Health, Education, and Welfare, *State Salary Ranges (infra)*.

¹² See Family Service Association of America, *infra*.

¹³ See Community Council of Greater New York, *infra*.

¹⁴ National Board of the Young Women's Christian Association of the USA, 1958-1959 *Salary Summary Community YWCA's*.

¹⁵ See National Jewish Welfare Board, *infra*.

¹⁶ See International City Managers Association, *Municipal Year Book (infra)*.

¹⁷ See National Social Welfare Assembly, *Memo to Board Members Re: Salaries (infra)*.

¹⁸ See U.S. Department of Health, Education, and Welfare, *Study of Staff Losses in Child Welfare and Family Service Agencies (infra)*.

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to study the problem of black market adoptions and how each profession singly and in close cooperation with each other can take measures which will protect both the unmarried mother and her child and society as a whole. The vastly expanded physical rehabilitation services engage a team of doctor, nurse, physical and occupational therapists, and social worker, so that all members of the team are directing their individual services toward a unified objective for that particular individual's rehabilitation. Clergy, sociologists, social workers, and psychiatrists and other physicians in many communities work together in conducting courses for young persons on preparation for marriage; judges, educators, governmental officials, social workers, clergy, lawyers, doctors work together to find socially constructive ways to deal with the youthful offender, and to seek ways to combat juvenile delinquency. Labor, industry, medicine, the social sciences, and social work discuss together retirement of the older worker. City planners, bankers, architects, builders, housing officials, and social workers meet together to discuss low-rent public housing, in terms of relocation and urban renewal, recognizing that such community-wide programs will change the living pattern of families, and to plan to help them meet these changes. These illustrations are indicative of how the people of the United States work together so that each member of the community has the opportunity to achieve "his full potentialities for productive and satisfying living."¹⁹

With more awareness and more joint study and action to meet our common problems comes an increasing need for social work to recognize its own limitations within the field of social welfare, to understand the particular skills of the other disciplines, and to draw upon those skills for enriching its own discipline, at the same time remaining true to its particular function. Social welfare continues to move out to new horizons, and in so doing is demanding more and better qualified personnel to fulfill its objectives.

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PERSONNEL STANDARDS AND PRACTICES. Although the term "personnel standards" is generally used to denote a set of guides representing a goal to be achieved, and "practices" to refer to the actual code obtaining in an agency, these terms are frequently used interchangeably and in combination. This article deals broadly with the standards and practices prevailing with respect

to salaries, fringe benefits, and working conditions for professional personnel in social agencies; employee relations; and job descriptions and classifications.

The personnel of social agencies has constituted a recognizable vocational group for only a few decades. The predecessors of today's social workers came on the scene, perhaps a hundred years ago, first as assistants to and later as direct successors of the volunteers who managed and did the daily work of the charitable societies from which social agencies evolved. For many years, paid employment in the charitable societies did not call for any particular training or experience. Perhaps the chief requirement for a job in those early days, aside from having a relative on the board, was a humanitarian inclination and a desire to do good. While the leadership jobs often went to men trained in the ministry, the rank and file positions were frequently held by young women living at home or older unmarried women without dependents. This background of social work is a major factor in the explanation of the low level of salaries and the less than satisfactory working conditions still to be found today in many areas and agencies.

There is a very real relationship between salaries and working conditions, on the one hand, and the supply of social workers and the quality of their services, on the other.¹ A worker who is beset by economic anxieties, who is overloaded, who regularly puts in overtime, who labors under substandard physical working conditions, is not able to perform at his best on the job. Similarly, young men and women planning their professional education, who find that compensation in social work is relatively low, will turn to better paid professions in the "helping" group (medicine, teaching, psychology, law) or in others such as engineering, chemistry, or physics.

Characteristics of Social Work Personnel

The first, and to date the only, nationwide study of social workers was made in 1950 by the Bureau of Labor Statistics (BLS) and

¹ See Beck in *Social Work Journal* (*infra*).

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the Federal Security Agency.² The difficult task of defining a social worker was avoided in the study through the simple device of stating that a social worker is an employee who occupies a social work position; and social work positions were identified largely by title of position and type of agency.

The study found that there were about 75,000 social workers in the United States in 1950. Seventy per cent were women. Caseworkers and group workers accounted for three-fifths of the total. State, county, and other local governmental units employed almost two-thirds of all workers. The average age was about 40. About four-fifths of the men were married while almost half of the women were single. See THE PERSONNEL OF SOCIAL WELFARE.

Salaries

The BLS study reported a very wide variation in salaries in 1950, depending understandably enough on position and geographic location, but also on sex, employer, and specialization. The median salary for the total group was \$2,960, with less than 10 per cent earning over \$5,000. The federal government was paying the highest salaries, an average of \$4,270, while public assistance agencies were at \$2,710, near the bottom of the ladder.

Since then the situation has improved to a very considerable extent, although the concurrent rise in the cost of living has offset much of the gain. Although no comparable nationwide figures are available,³ some partial data are indicative of an upward trend. In 1958, family and children's agencies (preponderantly voluntary) recruiting for caseworkers inserted 486 entries in *Jobs in Social Work* (*infra*). The lowest salary offered for a caseworker, below supervisory level, with an M.S. degree, was \$4,000. Of the 474 entries offering a minimum of \$4,000 to \$6,099, two-thirds offered \$4,500 or more. The nearest comparable figure in the BLS report is \$3,390, the median salary *paid* to caseworkers and

group workers with an M.S. degree. During the year ending March 1959, the median minimum salary offered to caseworkers with M.S.W. degrees and without experience by public and private agencies in 394 entries in *Personnel Information* (*infra*) was \$4,740.

Another item throwing light on the current salary picture is the report of the Family Service Association of America (FSAA) that sixty-one per cent of the caseworkers employed by its member agencies were receiving salaries of \$4,400 or more as of January 1, 1959.⁴

Social work salaries will undoubtedly continue to rise. This prediction is based on several factors. First, there is a continued expansion of jobs requiring social work skills. Second, there is a serious, and chronic, shortage of trained social workers. The BLS study disclosed that only 16 per cent of all workers in 1950 had two years or more of graduate training in schools of social work, and that only 40 per cent had had *any* graduate professional education. Although the number of schools of social work has risen in recent years, all of them combined have turned out only 1,744 graduates in 1957-58. This number is not sufficient even to fill the vacancies created by the normal course of events—death, retirement, and leaving the profession. In other words, the disparity between supply and demand of trained personnel will continue to plague the field. In the third place, the competition of other professions for prospective personnel is being reflected in the student enrollment of social work schools. See EDUCATION FOR SOCIAL WORK.

The need for higher salary levels has been officially recognized by at least two national bodies. The Board of Directors of the National Association of Social Workers (NASW) has adopted a salary program urging that the minimum entry rate for social work school graduates should be \$5,400 per annum, with a maximum of \$10,000 after 10 years of experience.⁵ The Personnel Committee of the Family Service Association of America

² See American Association of Social Workers, *Social Workers in 1950* (*infra*).

³ The Bureau of Labor Statistics is planning to make another survey of social work salaries and working conditions in 1960.

⁴ Family Service Association of America, *Family Service Statistics* (*infra*).

⁵ See NASW News (*infra*), February 1959.

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approved in April 1959 a recommendation to the field of an entry rate for caseworkers of \$5,100 (an increase from the \$4,200 recommended in 1956 and \$4,800 in 1957), and a maximum of \$8,900 for Caseworker III to be reached normally in the tenth year.⁶

Fringe Benefits

This term is used to denote provisions under which agencies supply non-salary benefits to the employees at the employer's expense. The most common of these are paid vacations, sick leave, retirement plans, and insurance plans.

1. Vacations.⁷ Paid vacations are almost universal. The BLS study reported that 85 per cent of the social workers were getting two or more weeks' vacation, with only 2 per cent without any vacation at all and with 1 per cent working in agencies without a vacation policy. Social workers employed in city departments currently receive vacations in every one of the 1,033 cities reporting, and 92 per cent of them allow two or more weeks per year. Most state governments allow 12 to 15 working days, with the right of accumulation generally to 30 days. Social workers in federal service are currently allowed between 13 and 26 days a year graduated according to length of service.

In public assistance and public child welfare programs, in 1950, 95 per cent of the local offices allowed 2 or more weeks of paid vacation.

Private agencies are more generous than local or state governments. According to the BLS study, vacations of 4 weeks or 1 month were received by over half of those in group work and community organization. Commu-

nity organization agencies in 1958 uniformly allowed 20 days. A number of national federations⁸ have published recommended practices. Boys' Clubs of America and the Family Service Association of America recommend 4 weeks per year; the National Board of the YWCA, 27 working days. The National Board of the YMCA suggests at least 3 weeks, the National Federation of Settlements and Neighborhood Centers, 25 days, and the National Jewish Welfare Board, one month.

The National Association of Social Workers adopted in 1957 a code entitled "Standards for Social Work Personnel Practices" to serve as a guide in the development of personnel practices by social agencies. This code recommends vacations of 2 working days for each month employed. See SOCIAL WORK AS A PROFESSION.

2. Sick leave. Sick leave is the term used for the practice of making no salary deductions for a specified number of working days' absence due to the employee's illness. Unused sick leave may be accumulated from year to year, but some agencies place a maximum limitation on such accumulation.

The federal government allows 13 days sick leave per year, cumulative indefinitely. Of the 1,004 municipalities reported in the *Municipal Year Book 1958*, 80 per cent provided leaves of 12 or more working days per year, with accumulation permitted by the majority for up to 30 to 90 days. State governments allow between 10 and 30 working days—12 to 15 days being most frequent—and accumulation of up to 60 to 90 days. The prevailing policy in funds, chests, and councils is 12 days.

Of the national federations, Boys' Clubs of America recommends sick leave but does not specify the amount of time. The Family Service Association of America names 15 days, cumulative to 45. A minimum of two weeks is suggested by the YMCA, while the YWCA recommends 15 to 20 working days,

⁸ Among them are Boys' Clubs of America, Family Service Association of America, National Federation of Settlements and Neighborhood Centers, National Jewish Welfare Board, Young Men's Christian Association, and the Young Women's Christian Association.

⁶ Minutes of Committee.

⁷ The sources of information for prevailing practices on this as well as on other items are as follows: (1) *Social Workers in 1950* for the nationwide sample study conducted by the Bureau of Labor Statistics (BLS); (2) *Municipal Year Book 1958* for employees of municipal governments; (3) *Book of the States, 1958-59* for employees of state governments; (4) *Study of Personnel Policies and Benefits in Funds, Chests and Councils 1958* for professional employees in the community organization field; (5) Correspondence with Veteran's Administration and with Department of Health, Education, and Welfare for federal employees.

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cumulative to 60. The National Association of Social Workers proposes 24 working days, cumulative to 65. The National Federation of Settlements and Neighborhood Centers recommends 16 days, cumulative to 32, and the National Jewish Welfare Board, 15 days.

3. Retirement plans. These are provisions for the accumulation of funds paid by the employer (and generally also by the employee) during the period of employment and used to disburse cash benefits to retired employees. Life insurances is a feature of some of these plans.

Retirement plans are very common now in agencies employing social work personnel. The Bureau of Old-Age and Survivors Insurance (OASI) reports⁹ that "almost all of the full-time employees of nonprofit organizations eligible for coverage have been brought into the program. Included among these are about 100,000 employees of 'charitable organizations,' a classification which includes social agencies." All employees of the federal government who are not under staff retirement systems are covered under OASI.

About 3¼ million employees, or slightly over half, of state and local governments are covered by OASI. (In 9 states the coverage is 90 to 100 per cent.) Virtually all states already have OASI coverage for state employees. Eight of them have mandatory provisions extending this protection to employees of local governments, while the rest have permissive legislation.

Some private agencies have had retirement programs for many years. The YMCA, YWCA, Boy Scouts of America, National Jewish Welfare Board, and the American National Red Cross, among others, have been providing coverage to employees of their affiliated units. The first nationwide retirement plan became available to most voluntary agencies in 1945. In that year the National Health and Welfare Retirement Association was formed, largely through the initiative of the Community Chests and Councils of America. The program is reinsured with the John Hancock Mutual Life Insurance Company. The national coverage by the Association

makes it possible for the protection to continue uninterrupted as the worker moves from one agency to another. As of the end of 1958, 34,984 employees of 2,564 health and welfare organizations were in one or another of the plans of the Association, and 3,438 were receiving pensions.¹⁰ Some \$10 million was paid in during the past fiscal year by and on behalf of the insured workers.

The combination of OASI and the National Health and Welfare Retirement plan (or a similar plan) promises reasonably adequate protection in the course of time—approximately one-half of the normal annual salary after a lifetime of participation in both systems. The several national federations previously cited all recommend combined coverage through OASI and a private plan, as does the National Association of Social Workers.

4. Other fringe benefits. Insurance plans include provisions for salary continuation and payment of medical costs during incapacitation caused by an accident or otherwise. These are generally achieved through workmen's compensation, sometimes in combination with supplementary programs. Other plans offer group life insurance, generally with contributory features. Prepaid medical, surgical, and hospitalization plans (Blue Cross and Blue Shield) are commonly available and are generally employee-paid.

Among other fringe benefits might be listed holidays, educational leaves with pay, sabbatical leaves, and leave for jury duty. Paid holidays are well-nigh universal, though the number of days allowed varies. Sabbatical leaves, on the other hand, are quite rare. They are recommended by the Family Service Association of America, National Association of Social Workers, and the YWCA. The NASW proposes at least three months after six years of service. The YWCA suggests four months after seven years, to be used for study or travel. The FSAA calls sabbatical leaves a highly desirable goal, with the objective being increased staff competence and promotion of continuity of service.

¹⁰ Correspondence with National Health and Welfare Retirement Association, February 27, 1959.

⁹ Correspondence April 7, 1959.

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Hours of Work

In 1950, 78 per cent of the social workers had a work-week schedule of 40 hours or less. There is every reason to believe that more of them are on this schedule at present. State government employees, as of 1958, had a work-week of 40 hours or less in all but three states. In the same year 82 per cent of the 1,033 municipalities had a work-week of the same length. The federal government has a 40 hour work-week.

Essentials of a Personnel Code

Codes of personnel practices differ in the subjects included and in the detail with which the several items are treated.¹¹ There are a few subjects which are recognized by the profession and by many agencies as minimum essentials for inclusion. These are as follows: (1) Whatever the policies may be, they should be in writing; and major administrative actions, such as hiring, change of status, evaluation, dismissal, and so forth should also be stated in written form. (2) There should be participation on the part of the staff in the formulation and revision of personnel policies. (3) Such policies should be reviewed periodically. (4) There should be provision for hearings on, and adjudication of, employee grievances. All of these requirements are generally considered sound administrative practice. See ADMINISTRATION OF SOCIAL WELFARE AGENCIES.

Participation of staff in the formulation and review of personnel codes is accomplished, in voluntary agencies, by joint board-staff committees, or by discussion between parallel committees of the board and staff, and in some few agencies through union negotiations.

The extent to which social workers are members of labor unions and the prevalence of union contracts in social agencies are not known with any degree of accuracy. The union which has by far the largest number of social workers in its ranks is the American Federation of State, County, and Municipal

Employees (AFSCME).¹² It has locals in several large cities, among them Chicago, Detroit, Cleveland, Newark, New York, St. Paul, St. Louis, and Los Angeles. The membership records of AFSCME do not have occupational data that would reveal the number of social workers, although plans are afoot to make that possible in the future. Estimates by staff members of the AFSCME range very widely (between 4,000 and 12,000) with well over half of the members in the New York City area.¹³ In a doctoral dissertation prepared for the University of Pennsylvania, Hazel S. McCalley (*infra*) estimates that no more than 5,000 employees—professional, clerical, and maintenance—of private social agencies are under union contracts. Except for the YWCA, which has a few associations under contract, the Urban League, the National Association for the Advancement of Colored People, and a small minority of nonsectarian agencies, the majority of agencies under contract are Jewish.

Adjustment of Grievances

Machinery for adjustment of grievances is generally provided through discussions with administrative personnel, the board's personnel committee, and if necessary with the entire board of the agency. In very rare cases in voluntary agencies is there use of outside arbitration as a means of settling a grievance. In public agencies there is usually resort, beyond the agency, to civil service commissions and to the courts.

Social workers who are dissatisfied with final agency decisions regarding their grievances have the opportunity to utilize the machinery which the National Association of Social Workers has developed for handling complaints of alleged violations of personnel practices. Procedures for processing, inquiring into, and rendering decisions on complaints have been adopted by the NASW, with ap-

¹² The American Federation of Government Employees, which has jurisdiction over federal departments and agencies, has "no more than 100 social workers" in its membership, according to W. J. Voss, research director of the union.

¹³ Interview with research staff of AFSCME April 1, 1959.

¹¹ For an example of a comprehensive code, see National Social Welfare Assembly, *infra*.

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peals possible by either party from the decisions of a local chapter committee to the national commission and to the national board of the Association.¹⁴ The findings and decisions of the NASW in these matters have no binding force, but representing as they do the judgment of a group of impartial persons, rendered in the light of the profession's standards, they have a strong moral and educational influence. A special supplement to these Procedures governing complaints arising out of an employee's exercise of civil rights was adopted in 1958.¹⁵ A committee of the NASW is currently working on a code of ethics for the profession. Pending its adoption, the code of the American Association of Social Workers,¹⁶ one of the predecessor organizations of the NASW, is binding on the members of the Association.

Through the operation of these machineries the profession is making an important contribution to the enforcement of sound personnel standards and practices and to the policing of the conduct of its membership.

Non-Fiscal Personnel Practices

The recommended code of the National Association of Social Workers contains the following major provisions of a non-economic character: (a) classification plans, (b) orientation and staff development, (c) evaluations, and (d) tenure.

A *classification plan* is an orderly grouping of positions requiring duties, responsibilities, knowledge, and skills sufficiently similar to justify common and equitable treatment in the selection, pay, and other aspects of personnel management.¹⁷ A good classification plan can be used as a guide in filling vacancies and as a major determinant in setting salary

ranges. It is also helpful to the social worker in enabling him to know what the agency expects of him, and it can be used by the agency to measure the performance of the staff member.¹⁸

A classification plan normally consists of three parts: (a) a listing of the major duties and responsibilities of the job, (b) a statement on the educational, experience, and personality qualifications expected of the person holding or being hired for the position, and (c) the salary range attached to the classification.

An *orientation period* is strongly recommended for the training of any worker newly appointed to a position. Included in this training should be: information about the agency's general objectives and functions, the specific duties of the job, the lines of accountability to supervisory and administrative staff, and personnel policies and procedures.

Staff development refers to provisions and facilities for continued professional growth of the staff. The principal ones are: competent supervision and consultation, staff meetings for discussion of agency policies and of problems and methods of professional practice, a staff library of professional literature, and leaves for attending classes, conferences, and institutes.

Evaluations are formal judgments by the agency of the quality and quantity of the staff member's performance on the job assignment. Evaluations are an important tool used in making administrative decisions on retention, promotion, and compensation of personnel. They are also helpful to the employee in checking his own impressions on his professional progress. Sound practice calls for engaging the participation of the evaluatee in the process, for recording the judgment in written form, and for sharing it with the evaluatee.

By *tenure* is meant the right of a staff member to continue in his position as long as he meets the agency's standards of per-

¹⁴ See National Association of Social Workers, *Procedures for the Consideration of Complaints Against Agencies for Violation of Social Work Personnel Practices* (*infra*).

¹⁵ See National Association of Social Workers, *Guide to NASW's Role in Certain Situations Involving Differences Between the Agency and Worker Concerning Reason for Dismissal* (*infra*).

¹⁶ See American Association of Social Workers, *Standards for the Professional Practice of Social Work* (*infra*).

¹⁷ See Mosher, *infra*.

¹⁸ A good example of a classification plan is the Family Service Association of America's *A Guide to Classification of Professional Positions and Evaluation Outlines in a Family Service Agency* (*infra*).

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formance and unless retrenchment or reorganization results in the abolition of the particular position. The policy of indefinite tenure is safeguarded both for employee and agency by the provisions for regular evaluations, specific conditions for demotion and termination of employment, and appeals procedures. Closely related to tenure is the concept of seniority, or status based on length of service in an agency or a particular position. Seniority is sometimes used as one criterion in promotions, layoffs, and in such relatively minor matters as vacation dates. The circumstances under which seniority becomes a factor in personnel administration, and particularly the relation of seniority to quality of performance, therefore, need to be carefully outlined in a personnel code.

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HAROLD SILVER

PHYSICALLY HANDICAPPED, THE. Increased awareness of the values of rehabilitation of the handicapped and the development of needed rehabilitation facilities have been the most important advances in meeting the problems of handicapping in the past two

† For addresses of periodicals listed see Appendix. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

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decades. Programs and services for the physically handicapped have grown beyond the provision of medical services and hospitalization to encompass broader and newer concepts involving integration of medical, social, educational, psychological, and vocational services.

Advances in medical and technical knowledge have been applied to the physical problems created by handicapping conditions in increasing numbers of rehabilitation facilities developed by both public and private resources. Concurrently, greater recognition is being given to the social and emotional needs of the handicapped and to problems of vocational guidance, training, and placement.

Since greater public understanding is essential to success in meeting all of the needs of the physically handicapped, voluntary and public agencies have placed emphasis on interpretation of the problems of the handicapped through all available means of public education. Acceptance of handicapped persons by the public creates the climate for a more successful approach to emotional problems by individual families and by community services, as well as making possible more efficient utilization of resources for education, training, and employment.

Extent of the Problem

For the purposes of this article the term physically handicapped includes orthopaedic and neuromuscular disabilities, blindness and partial vision, deafness and hearing impairment. Any estimate of the total number of physically handicapped persons in a particular nation or community is open to question. Individual estimates are available on specific handicapping conditions, but the fact that one individual may have multiple handicaps causes duplication when the various estimates are totaled. In addition, the lack of a uniform definition of handicapping, inadequate diagnostic facilities in some areas, and the absence of a reporting system all add further barriers to accuracy in making a total estimate.¹

¹ Greater accuracy in estimating the number of disabled persons in any community may be expected in the near future, when the results of the national health survey now under way are made known.

It is estimated that 1.5 per cent or over 850,000 children under the age of twenty-one years and about 4 per cent or approximately 4½ million of all adults are orthopaedically handicapped. Of the estimated 350,000 blind persons² more than 50 per cent are over the age of sixty-five years. It is also estimated that there are approximately 70,000 children in the United States with partial vision. Partial vision is defined as visual acuity of 20/70 or less in the better eye after the best possible correction. In this condition it is possible to use vision as the chief aid in the learning process.

Estimates indicate that there are more than 175,000 totally deaf persons in the United States. No actual census of the hard of hearing or the number of persons using hearing aids has ever been taken. From a survey made by the American Hearing Society in the school year 1947-48, it was concluded that 4 per cent of the children in the school population were acoustically handicapped.

It is estimated that there are between ten and fifteen million persons with some degree of hearing impairment. Losses in hearing acuity occur after the age of forty-five years but will many times be so mild as not to require the use of a hearing aid.

Causes of Handicapping

Accidents, acute infections, congenital malformation, and developmental diseases are the chief causes of crippling. The etiology of some of the neuromuscular diseases is at present obscure but is the focus of current intensive research. The causes of blindness are related to local health and sanitary conditions and vary widely in different areas of the world. In the United States and other countries with similar standards of living,

² In the United States the definition of blindness most frequently used by federal and state governments is as follows: "Central visual acuity of 20/200 or less in the better eye, with correcting glasses; or central visual acuity of more than 20/200 if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than 20 degrees." Thus, either lack of visual acuity or serious restriction of field of vision may so limit a person in his choice of occupations that from an economic point of view he is blind.

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cataract is the chief cause of blindness among adults. Next in order are diseases of the optic nerve, of the cornea, of the choroid and retina, and finally glaucoma. Through improved medical care, the span of life has been lengthened, with accompanying increased incidence of senile cataract and glaucoma. Thus, in spite of advanced medical care and safety measures, the prevalence of blindness tends to continue to increase.

Although the physically handicapped child or adult requires the same kind of services in health, welfare, and education as those needed by the able-bodied, he also needs certain specialized services which will make it possible for him to utilize to a maximum degree the abilities he does possess. In cases of severe physical involvement, multiple handicaps, or emotional maladjustment, his requirements are likely to be much greater.

A community program for the physically handicapped should provide for prevention, case discovery and reporting, medical care and therapy, social service, psychological and psychiatric services, special education, recreation, pre-vocational evaluation, and vocational training and placement. Services for the homebound—special education and therapy for children, as well as therapy, home employment, and recreation for adults—should be an integral part of the program.

Treatment plans should be instituted as early as possible to secure maximum results and to prevent the social and emotional problems which develop and become accentuated by neglect. Good case discovery programs requiring immediate reporting of children born with congenital defects, and location and referral for care of persons with acquired handicaps, are important. Significant advances have been made in recent years in the design of prosthetics and appliances through research such as that carried on by the Army Prosthetics Research Laboratory which has produced the APRL Artificial Arm. Medical care would include hospitalization, surgery, nursing, and aftercare. Associated services related to the rehabilitation program are physical, occupational, and speech therapy; prosthetic services for fitting and training in

use of artificial limbs and aids; brace-making and fitting; provision of visual and hearing aids; social services; and psychological service and psychiatric service.

Services in schools are of paramount importance for the child with seriously impaired vision or hearing. Such services include preventive action through vision and hearing tests and referral for appropriate medical follow-up when deviations are noted. For the child with visual handicaps, the classroom should have sight-saving equipment and carefully planned seating arrangements. Braille lessons are necessary for the severely visually handicapped or those with progressively handicapping conditions of the eye. Lipreading instruction, speech therapy, and sound amplifying equipment should be provided for children with impaired hearing. Educational and vocational guidance, based on the medical evaluation as well as on personal aptitudes, family situation, and special skills and abilities, is very important for these children. In general, the children should be in regular classrooms but should have the advantage of special classes when necessary.

Experience has shown that when the handicap is accepted, the most favorable environment for development of the blind child is in his own home with his own family. Parent education services thus are of primary concern.

Blind children of school age are educated in state residential schools or in regular schools where a resource teacher or Braille class teacher is available during the entire day, or where itinerant supervision by a resource teacher is available at regular or needed intervals. A few private residential institutions serve small blind children exclusively. At the present time about 50 per cent of the blind children of school age are educated in residential schools, the remainder in public or parochial schools. Many blind students go on to college where they follow the regular curriculum in competition with the sighted. Education of the blind is much more difficult when other handicaps in addition to blindness are present. It is estimated that about 3,500 persons in the United States suffer

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from serious loss of hearing coupled with defective sight.

As physical handicaps become less disabling through early and effective treatment, and the handicapped in increasing numbers reach the employment market, adequate vocational services become a primary objective in a total program for the handicapped. These include realistic educational guidance, pre-vocational evaluation, work adjustment, vocational guidance, testing, training, and counseling. Special placement programs supplementing the regular employment service are frequently necessary. Follow-up services aid the adjustment of the worker to his job. Concurrently, employer education programs are essential so that the manpower assets represented by the handicapped may be more fully utilized, and to encourage employers to adapt machines and physical plants to enable the handicapped worker to achieve maximum performance. These programs for work adjustment and re-training, supplemented by home employment programs, employment facilities for those not ready for regular employment as well as for the handicapped who cannot enter competitive employment, comprise a total vocational program. *See VOCATIONAL REHABILITATION.*

Concepts of workmen's compensation, providing insurance to cover costs of work injuries, are changing with the new outlook on rehabilitation. Originally limited to the provision of monetary compensation, such insurance plans are growing more effective as they are related to existing rehabilitation services, to enable the injured workman to return to employment as quickly as possible. When compensation funds do not provide sufficient support during the period of rehabilitation, social welfare programs provide public assistance when needed for the handicapped person and his family. In some states, state-operated insurance funds cover hazardous employment not included in workmen's compensation. *See SOCIAL INSURANCE.*

To assist the child or adult and his family to adjust to the handicap and utilize fully the services available in the community, social casework services are needed. Nursing

care for the severely handicapped or totally disabled and custodial care for the mentally deficient handicapped are additional essential services. Programs for the homebound comprise a highly important aspect of services to the handicapped, including therapy, recreation, home employment, and parent training.

Recreation services are an integral part of rehabilitation, not only for children and young people, but for adults.

Voluntary Programs

Voluntary agencies have grown with great rapidity in recent years. The total combined budget of 17 national health agencies in 1958 was over \$200,000,000. Many of these organizations have originated with the chief purpose of meeting problems presented by a single diagnostic group. Some devote major effort to provision of services, some to public education, and others to research. Through these efforts, leadership has been given in bringing the needs of the handicapped to public attention and in stimulating the development and support of community services to meet these needs. Recruitment and training programs to provide qualified personnel have been important phases of the work of the voluntary agencies.

National agencies which are providing essential services and carrying out important research are the American Cancer Society, American Foundation for the Blind, American Hearing Society, American Heart Association, Arthritis and Rheumatism Foundation, Goodwill Industries of America, Muscular Dystrophy Association of America, Myasthenia Gravis Association, National Association for Retarded Children, National Foundation (formerly National Foundation for Infantile Paralysis), National Association for Mental Health, National Society for Crippled Children and Adults, National Society for Prevention of Blindness, National Multiple Sclerosis Society, National Tuberculosis Association, United Cerebral Palsy, and others.

Medical centers and hospitals have added significantly to community services in rehabilitation. Both in basic training and through

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postgraduate courses in the professions, marked progress has been achieved in the inclusion of rehabilitation techniques in the training of physicians, nurses, therapists, social workers, and others.

Private foundations, colleges, and universities contribute substantially through public education concerning the maintenance of health standards and prevention of illness and handicaps, and also through grants for training of personnel, support of research projects, and essential clinic services.

Civic, service, and fraternal groups not only offer important contributions in terms of financial support but also, through volunteer services, to programs for the handicapped. Among the groups with this central interest have been the American Legion, Rotary, Kiwanis, Lions, Moose, Junior Chamber of Commerce, American Business Clubs, Variety Club, women's clubs, Pan-Hellenic groups and other national social fraternities. Other organizations such as the Elks, Shriners, and Junior League assist in carrying out service projects and offer support to programs of other agencies.

Through the administration of their welfare funds, and in other ways, some unions have developed valuable resources for rehabilitation of the physically handicapped. *See* LABOR AND SOCIAL WELFARE. Some insurance carriers are becoming increasingly concerned with the provision of resources and facilities for rehabilitation. An illustration is the type of rehabilitation center operated by the Liberty Mutual Insurance Company in Boston and Chicago.

Professional organizations concerned with services to the physically handicapped include the American Medical Association and the various medical specialty groups, the Alexander Graham Bell Association for the Deaf (formerly Volta Speech Association for the Deaf), American Association of Instructors of the Blind, American Association of Workers for the Blind, American Occupational Therapy Association, American Physical Therapy Association, American Speech and Hearing Association, American Hospital Association, American Nurses Association,

American Psychological Association, Conference of Executives of American Schools for the Deaf, Conference of Rehabilitation Centers, Convention of American Instructors of the Deaf, International Council for Exceptional Children, National Association of Social Workers, National Rehabilitation Association, and the Orthopaedic Appliance and Limb Manufacturers Association.

Governmental Programs

The number of federal government agencies serving the handicapped as well as the types of service provided illustrate the complexity of the problems.

The Children's Bureau in the U.S. Department of Health, Education, and Welfare administers the program of services for crippled children established by the Social Security Act in 1935. The Division of Health Services, which is the responsible division, also administers the maternal and child health program. *See* PUBLIC HEALTH.

A ceiling of \$20,000,000 is authorized by the present law for grants to the states to assist them to extend and improve services for crippled children. Services offered include case discovery, diagnosis and medical care, hospitalization and surgery, therapy, and other selected services and care for children who are crippled or who are suffering from conditions which lead to crippling. In the past special projects have been operated in cerebral palsy, rheumatic fever, epilepsy, hearing rehabilitation, eye surgery, and others. More recently, special attention has been given to mental retardation and congenital heart disease. Federal funds appropriated for grants increased from \$2,850,000 in 1935 to \$15,000,000 in 1951. For 1960, \$16,000,000 of the maximum \$20,000,000 was appropriated. Total reported expenditures for crippled children's services by federal, state, and local tax-supported agencies amounted to \$52,660,949 of which 71 per cent came from state and local sources in 1958-1959.

Federal grants to state crippled children's agencies are divided into two funds, Fund A and Fund B. Fund A includes that portion of the annual grants from the federal govern-

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ment which must be matched by the states. Fund B, the remaining half, does not have to be matched. If the full amount authorized were appropriated by Congress, each state, regardless of size, population, or wealth, would receive a minimum grant of \$60,000 from Fund A. States share in the remainder of Fund A according to the number of children under 21 years of age in each state in relation to the total child population of the United States. The formula for sharing in the non-matching funds (Fund B) is based on the relative size of the child population in each state, the financial resources of the states as shown by per capita income, and the special needs of children in rural areas. A minimum of \$20,000 is given to each state from Fund B. A proportion of Fund B is reserved for grants for special projects of national or regional significance, for personnel training, and for meeting emergency needs. Under the 1958 appropriation, at least \$1 million must be used for special projects for mentally retarded children. In addition, the Children's Bureau requested a supplemental appropriation of \$1.5 million for services to children with congenital heart disease.

The Office of Education of the Department of Health, Education, and Welfare is responsible for leadership in the field of special education of exceptional children. The office issues special publications, conducts studies of teacher-training, and carries on research into problems of curriculum development and other areas of study related to education of the physically handicapped.

Through authorized state agencies, grants from the Office of Vocational Rehabilitation of the Department of Health, Education, and Welfare are added to state funds to serve adults who are considered potentially employable. In addition, grants are given for personnel training, development of physical facilities for rehabilitation, and research. A proposed program which would extend the rehabilitation services of the Division to chronically ill and homebound persons for whom the objective is self-care, is under discussion. The medical Facilities Survey and Construction Act (Hill-Burton) provided

funds through the United States Public Health Service to aid in the construction of rehabilitation facilities, hospitals for the chronically ill, medically supervised nursing and convalescent homes, and diagnostic and treatment centers, where such facilities were either nonprofit or publicly owned. The total expenditures for the support program in the 1958 fiscal year, including both state and federal funds, was \$63,744,463, of which 62 per cent represents federal funds. An increase of \$8.4 million, or about 12 per cent, is represented in the appropriations for 1960.

Aid to permanently and totally disabled persons eighteen years of age and older on a basis of need was added to the Social Security Act in a 1950 amendment. *See PUBLIC ASSISTANCE.*

Through the Veterans Administration, the federal government assumes responsibility for rehabilitation of veterans with service-connected disabilities. Disability compensation is granted according to degree of disability. Additional compensation for dependents is provided to veterans when disability is rated as not less than 50 per cent. The National Defense Act provides for services and education for disabled children of persons meeting death in military service. *See VETERANS' BENEFITS AND SERVICES.*

The Employment Service of the Department of Labor gives leadership to the state employment services for job placement for the handicapped of employable age. *See EMPLOYMENT SERVICES.* The President's Committee on Employment of the Physically Handicapped, which has as one of its functions the observance of "National Employ the Physically Handicapped Week" in October of each year under the auspices of the Department of Labor and related state agencies, carries on an active program of public education with the avowed purpose of creating employment opportunities for the handicapped through a corresponding Governor's Committee in each state.

Vocational opportunities for the blind have been enhanced through federal legislation. A 1943 amendment to the Vocational Rehabilitation Act of 1920 assigned to the federal

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government the state administrative cost and the cost of vocational counseling and placement, while state and federal governments share certain other expenses. The Randolph-Sheppard Act of 1936, administered by the Office of Vocational Rehabilitation and amended in 1954, authorizes the operation by blind persons of vending stands in federal and other buildings. The Labor-Federal Security Appropriations Act of 1946 authorizes a business enterprise program for the blind, allocating federal funds for one-half the cost of acquisition of vending stands and other equipment, to be controlled by the state agency for the blind. The Wagner-O'Day Act of 1938 requires federal departments to purchase brooms, mops, pillowcases, and other approved commodities from workshops for the blind at a fair market price determined by a special committee appointed by the President of the United States.

Federal funds have been available since 1879 to cover the cost of books for day school classes and schools for the blind. In recent years this provision has been extended to include Talking Books, Braille books, and maintenance and replacement of government-owned Talking Book machines. Under a special amendment to the United States Postal Laws, Braille and Talking Books are distributed postage free to blind readers by thirty libraries throughout the country.

The Revenue Act of 1948 includes a provision permitting blind taxpayers to take a personal deduction of \$600 (doubled in the event the spouse is also blind) in addition to other deductions. An amendment to the Interstate Commerce Act of 1927 permits the railroads at their discretion to carry a blind person and his guide for one full fare. The same privilege has been extended by a number of bus lines.

A special consultant for the deaf and the hard of hearing is on the staff of the Office of Vocational Rehabilitation. Potentially employable acoustically handicapped persons are given aptitude tests, and training is provided when indicated, with the objective of suitable placement. Thousands of men and women with hearing defects are rehabilitated each

year through the federal and state vocational rehabilitation program and cooperative efforts of hearing societies. They are placed in jobs in the unskilled and skilled labor field, in clerical and managerial service, and in the semi-professions and professions. Through a grant from the Office of Vocational Rehabilitation, the American Hearing Society has published a compilation of data on requirements, methods, and procedures to aid communities wishing to establish or expand facilities for rehabilitation of persons with hearing and/or speech defects associated with hearing loss.

In the program of the U.S. Public Health Service are included seven National Institutes of Health, established for research into major national health problems: Cancer, Heart, Microbiology, Mental Health, Dental Research, Arthritis and Metabolic Diseases, and Neurological Diseases and Blindness. The appropriation for the Institute of Neurological Diseases and Blindness increased from \$18,650,000 in 1957, to \$21,397,000 in 1958 and \$41,487,000 for 1960. Over \$400,000,000 has been allocated for research at the National Institutes of Health since the inception of this program.

International Programs

Activities for the benefit of the handicapped on a world level have received much impetus from the coordinated program established by United Nations for the rehabilitation of the physically handicapped. This is carried out in cooperation with the World Health Organization, the International Labor Organization, the United Nations Educational, Scientific and Cultural Organization, and the United Nations Children's Fund. Local and national efforts to develop services for the disabled are supplemented by international exchange of information, the service of consultants, training fellowships, demonstration centers, conferences, and a limited allocation of supplies and equipment. Special attention is paid to the less developed areas.

In addition, several international nongovernmental organizations are concerned with a variety of services for the disabled. These

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include: the International Society for the Welfare of Cripples, the American Foundation for Overseas Blind, International Union for Child Welfare, World Council for the Welfare of the Blind, the World Veterans Federation (which established a rehabilitation program in 1952), and the International Poliomyelitis Conference. See INTERNATIONAL SOCIAL WELFARE.

Trends and Current Needs

There is a wide gap between our knowledge of rehabilitation and application of that knowledge. Each year sees new progress, however.

Trends noted are: (a) increasing integration of the handicapped into activities for the able-bodied which is taking place in schools, camps, and vocational programs; (b) heightened emphasis on the vocational aspects of rehabilitation; (c) expanded services in meeting social and emotional problems of the handicapped; (d) recognition of needs of the handicapped in construction of public buildings; (e) marked lessening of demand for residential care as services are made available for the handicapped in their home communities; (f) increasing attention to the aged, as the proportion of the aged grows larger in ratio to the general population; (g) growth of public awareness in the importance of research; and (h) increased recognition of the value of planned parent education programs.

Development of services for the handicapped is affected by shortages of skilled personnel in physical and occupational therapy, speech and hearing rehabilitation, social work, and special education. Scholarships, training courses, and workshops are helping to meet this problem.

The need continues for pre-vocational evaluation; for vocational guidance, training, and placement; for work adjustment and related vocational services to make it possible for the handicapped to realize their maximum potentialities.

Research, basic and applied, is of paramount importance. There is need to devote increasing effort to discovery of the causes

and nature of handicapping conditions and how they can be prevented, to develop more effective treatment, and to study the effect of related psychological problems, educational methods, and related aspects of the problem of handicapping.

Prevention of Physical Handicaps

Concurrently with treatment of existing handicaps and continuing research, emphasis is being placed on prevention. Crippling due to diseases such as bone and joint tuberculosis and osteomyelitis have come under control. Residual paralysis from poliomyelitis can be reduced to the extent that the Salk vaccine is used in preventive efforts. A major breakthrough in the control of crippling due to Parkinsonism has been achieved through neurosurgery which in a large number of cases is effective in partial or complete eradication of symptoms.

A reduction in the incidence of congenital malformation is hoped for as extensive research is centered on hereditary factors, maternal infections in pregnancy, and nutritional deficiencies.

Major emphasis must continue in accident prevention, since accidental injury is a leading cause of crippling. Safety education in the schools, in the community, and in places of employment can be a primary factor but it requires teamwork among all concerned—civic groups, commerce and industry, medical and professional associations, farm associations, voluntary organizations, and lay groups. Related action is necessary in legislation and law enforcement; driver training and improvement in design of vehicles; safety training and installation of safety provisions in offices and factories. For home safety the most effective action is utilization of parent education media.

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Protestant Social Services

How the Protestant Pattern Developed

PROTESTANT SOCIAL SERVICES are identifiable by their auspices rather than by any specific "Protestant" content or practice which may be uniformly characteristic of them. Services that are commonly recognized as belonging to the field of social work fall into the Protestant category if they are conducted under Protestant auspices, either directly or officially, or indirectly by boards composed of Protestant men and women.

Protestant social services are conscious expressions of Christian motive. They arise from the love of the Christian community for God and the expression of this love by the love of neighbor. "Inasmuch as ye have done it unto one of the least of these My brethren, ye have done it unto Me."

Love is an imperative of the Christian life. It may be expressed through the theory and practice of social work by Christians working under any public or voluntary nonsectarian auspices. It may also be expressed by the Christian community working together for the maintenance of social services under church-related auspices.

The National Conference on Policy and Strategy in Social Welfare, held May 7-10, 1957, by the National Council of Churches and attended by delegates from 27 constituent denominations, stated in its report: "Social welfare is an integral part of the ministry of the Church, not an optional part of its program. . . . For the Church the social welfare task in all its aspects is not an onerous duty which must reluctantly be undertaken, but a glad response to God in service of man. . . . It needs to be clear, however, that the social welfare mission of the Church cannot be evaluated in terms of its success in making Christians out of those whose need is served. While the Church always desires to open people's lives to the love and power of Christ, it serves human need because it *must* as the response of faith."

Protestant social services are not, in general, directed toward particular Protestant objectives. This situation is noteworthy in the light of history.

Christianity may well be called the mother of social work in the Western world. The early Christian community constituted a fellowship whose members were held together by the bonds of Christian charity, and the care of all in need was considered a responsibility of the whole fellowship. It was one of the marks of the integrity of a society of Christians that it took care of its own needy. When Christianity became a dominant influence in Western culture, "charity" in the original and noble sense of the word became a common ideal, even where it fell short of being a common virtue. Thus it was possible for the church to inspire and guide philanthropic work under community as well as under parish auspices.

But with the passing of the Middle Ages and the coming of the modern secular organization of society, the role of the church in social work was inevitably altered. The fragmentation of the religious community occasioned by the Reformation made the dominance of the church as impracticable in social work as it came to be in education. The mere factor of growth in size and complexity of community life had tended to make social services a community responsibility. The stupendousness of the task of social care in modern civilization rendered piecemeal efforts in this direction quite inadequate. It must also be recognized that the passing of the medieval concept of life as ordered under an inclusive and paramount religious sanction—in other words, the secularization of the common life—loosened the hold of the church on social activities.

This negative aspect of the matter was, however, offset by a consideration which is seldom stressed but which is highly important from the prevailing Protestant point of view. While the transfer of social work to secular control was regarded with apprehension by some groups, it was, on the whole, acceptable to the Protestant majority. That is to say, the majority group did not feel a need for its own educational and social work

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programs as aids in the preservation of a faith and a way of life. There were, of course, exceptions to this generalization, but the underlying social principle is apparent. The more a religious group consciously differs from the prevailing religious pattern in the community, the stronger its tendency to maintain as far as possible its own social services. When, however, as is true in America, the majority of the religious population belongs to communions which differ in relatively inconspicuous ways, the differences between the social ideals and standards of the community as a whole are usually not great. Thus Protestants adjusted themselves to the passing over of social work to secular, nonsectarian auspices, in the same fashion as they did with respect to the secularization of education. The process effected a distribution of the financial burden and created a common pool of professional and technical resources within a cultural setting in which Protestants felt at home, and with respect to which they perhaps felt some sense of group proprietorship.

Thus, partly from sheer necessity and partly because of the diffusion of a common religious spirit among secular agencies, the Christian motive of Protestant church members tended to find its social expression through their professional and voluntary participation in activities and agencies conducted under secular auspices. These agencies furnished a channel for Christian benevolence and also a vocational outlet for the ideals of service that Christianity had fostered, and they continue to do so today for large numbers of Protestants.

It has nevertheless been a feature of the Protestant pattern that exploratory and pioneering work for social betterment has been carried on in communities where secular initiative has lagged behind. An example of this is the "institutional church" which, a generation or so ago, attained prominence in urban Protestantism and of which there are still many examples. The institutional church is a functional adaptation—characteristically more "institution" than church because of the lack of a stable Protestant constituency in the areas commonly served. It proliferates

services in response to pressing needs. For this very reason it tends to contract its program as the community "catches up" with it and develops its own social services. The natural history of such a church seems to be to "develop by loss of functions" in a community which is becoming progressively organized in terms of social responsibility. Moreover, the expansion of public social services, which drain off through taxes resources previously available for private philanthropy, gives to the Protestant churches a constant incentive to deploy their resources in types of activity that cannot be carried on by secular agencies.

The Current Tendency

What has been said about the Protestant "pattern" is an over-all characterization designed to explain the wholehearted Protestant support of nonsectarian social work. It will appear, however, in what follows that Protestant social work in the aggregate is extensive; that it is increasing in extent and in variety; and that some of the current emphases seem to be at variance with the traditional tendency in respect to reliance upon community-sponsored agencies. The Protestant attitude toward nonsectarian agencies remains cordial and cooperative, but there is in evidence a disposition to make Protestant social work a more distinct entity than it has been in the past.

A major factor in the situation has been philosophical in nature. When the impact of modern dynamic psychology began to transform social work from reliance upon a combination of external investigative activities for the alleviation of environmental pressures to a strengthening of the client's ego so that he might improve his command over his own destiny, the social worker's buoyant faith in human potentialities became virtually unqualified. Almost simultaneously, in the early 1930's, new theological developments in the Protestant churches began to replace the buoyant expectations of man which were widely held during the first quarter of the century, with more sober estimates of his potentialities.

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Although there was no alarming antagonism between clergy and social workers in nonsectarian agencies, there was often a sense of strangeness that grew out of the divergence of the philosophical concepts of the nature of man which developed in the two professions. Nonsectarian social work in America characteristically embraced an idealistic social humanism. Essentially, humanism is a religion based upon humanity. As such, many churchmen consider it to be incompatible with Judaism and Christianity—both of which are God-centered. These religions maintain that it is God alone who can restore man's dignity. Man's rights are not based upon his own autonomy, but rather on God's claims upon his life, on the vocation to which God calls him, and on God's mercy towards him.

This trend of thought, which continues to maintain strength in the Protestant churches, had a twofold effect in the relation of the churches to social work. First, it tended to increase the difficulty of interprofessional understanding and especially of cooperation between clergy and social workers in nonsectarian agencies. Referrals are not as frequent as many observers feel they ought to be between these "helping professions." Secondly, most of the Protestant denominations have been accelerating the establishment of health and welfare agencies under their own auspices. A survey conducted by the National Council of Churches in 1954 showed that the majority of Protestant church-related social services had been established in the previous thirty-five years.

Today there are generally two types of Protestant church-related agencies, and some confusing hybrids. The first type services a church constituency and includes religious content in its program and atmosphere. These agencies with a religious setting are especially congenial for church people and are generally supported by church funds and the fees of clients.

The second type of Protestant church-related agency aims to serve a large and religiously heterogeneous community rather than a community of its own church mem-

bers. Such agencies may be responding to the needs of neighborhoods which have insufficient welfare services, or they may be pioneering in the demonstration of new services in areas of need not yet sufficiently recognized to secure support from the general public. These church-related agencies are frequently indistinguishable from voluntary agencies under nonsectarian auspices. Both types of Protestant agency are recognized by most Protestants as valid expressions of Christian love and compassion.

In conducting these agencies most denominations are coming to realize the desirability of maintaining high professional standards. Respondents in the 1954 survey of over 1,000 Protestant agencies reported about 41 per cent of their social workers were graduates of two-year accredited schools of social work.

The role and function of Protestant social services are under serious consideration in the American churches. Although Protestants continue actively to support nonsectarian community services and frequently speak for the expansion of public services, many church leaders feel the maintenance of Protestant social services are a necessary expression of the churches' concern for the welfare of the whole man, especially in view of the growth of Protestant church membership among the less privileged.

Auspices

Protestant sponsorship of social work takes a variety of forms. Some agencies are independently maintained. An increasing number are conducted under official auspices, being controlled and directed by mission boards or other ecclesiastical organizations, or by local churches. Many, however, are unofficial in the sense that, like most church-related colleges, they are under the control of elected boards which include stipulated representation of a church constituency. Also it must be said that Protestant social work transcends ecclesiastical boundaries. The Young Men's and Young Women's Christian Associations, the Salvation Army, the Volunteers of America, and other agencies whose "ethos" and

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personnel are prevailingly Protestant fall naturally in the Protestant category.

An important development of recent years is the rapid growth of state and local councils of churches which, particularly in the larger cities, have developed social work in diversified and specialized forms. Among these are court work, centralized "intake" and referral, casework with children, training in group work, camping programs, and the maintenance of institutional chaplaincies. Church councils in at least 25 cities now have social welfare departments with professional staff, and most of these, according to recent reports, receive funds from community chests. In addition to correlating and helping to guide Protestant welfare activities, these welfare departments represent the churches in the local council of community agencies.

Extent and Areas of Concentration

The historic tendency in Protestantism to leave to the community as a whole those forms of social work that can be quite as appropriately done by secular agencies, public or voluntary, has resulted in a concentration of Protestant effort in certain areas of service. Even among denominations there are special interests. The churches' social agencies and institutions are generally considered, especially when under the official auspices of denominations, to be both extensions of the social concern of the local congregations and resources to help them deal with health and welfare problems beyond their own understanding or capacity to help.

In 1954, denominations representing 70 per cent of the Protestant membership of the nation replied to a questionnaire sent by the National Council of Churches to ascertain the extent of Protestant social services. The figures obtained were projected by the Council's Department of Social Welfare to obtain a rough estimate of the total extent of Protestant church-related health and welfare agencies. The indication is that about 4,000 such agencies and institutions serve about 17 million people annually. They possess capital assets of about $3\frac{1}{2}$ billion dollars and well over a billion dollars a year is spent for their cur-

rent expenses. The operating income is derived from church and individual gifts, endowments, fees, and community-wide support. These agencies are estimated to employ about 245,000 persons—200,000 of these serving full-time. Estimates based on crude projections of replies received directly from 1,000 of the agencies indicate that about 37,500 registered nurses, 26,000 physicians, and 14,400 social workers are employed by church-related health and welfare services.

1. Child care was one of the earliest fields of Protestant effort and continues to be a major interest. Institutions and agencies provide sheltered care and child guidance for orphans and for neglected, dependent, and maladjusted children. The present trend is strongly in the direction of the use of adoptive and temporary foster homes in place of congregate care, excepting where residential treatment centers are needed for social and emotional adjustment. There are also church-sponsored nurseries and nursery schools in which casework and group work techniques are employed. On the basis of reports from denominations representing 70 per cent of the Protestants, it is estimated that there are about 800 Protestant church-related welfare services for children, including about 400 children's institutions.

2. Homes and services for the aged are a characteristic expression of social concern among Protestants. In part, this emphasis may reflect the tardiness of modern society in recognizing its obligation to the aging portion of its population. However, homes for the aged maintained under religious auspices find broad justification in the fact that the aging person is increasingly dependent upon his domicile for such religious ministry as he may enjoy. Such homes tend to serve denominational constituencies—a fact which further emphasizes the identification of church with home in the later years of life.

It is estimated on the basis of a partial survey that there are about 700 Protestant homes for the aged. The churches are expanding their work in this field. The waiting lists, as is the case with all such institutions, are long and with the increase in the upper

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age brackets of the population may be expected to grow larger.

There are many new Protestant services for the aging. Among them are foster placement, homemaker service, and counseling. Also, there are group work services carried on by local churches and institutions which include clubs, day centers, leadership courses, workshops, and hobby groups. Volunteer visitor programs are provided for shut-ins and isolated aging persons. *See THE AGING.*

3. Hospitals under Protestant auspices are surprisingly numerous in view of the characteristic Protestant tendency to entrust general services to nonsectarian agencies. It is estimated that there are about 600 Protestant church-related hospitals, of which over 300 are members of the American Protestant Hospital Association. About half maintain schools of nursing. The denominational designation in some cases denotes little more than a tradition, and it is safe to say that a Protestant hospital and school of nursing has a closer affinity with its nonsectarian counterpart in the scientific and professional world than with any ecclesiastical organization. However, with the rising costs of hospital care, there is a tendency for some hospitals to seek a special supporting constituency to help maintain financial stability. Each year a number of established voluntary hospitals are affiliating with Protestant denominations, and some church-related hospitals are strengthening their church affiliations. Here again, however, the need for services outruns the provision made for them by the secular community. Hospital services afford unlimited opportunity for personal, lay ministry to human need and include the specialized ministry of chaplains. *See MEDICAL CARE.*

4. Counseling and chaplaincy services are receiving emphasis. Many theological schools are adding social work and psychiatric content to the regular curriculum in order to give theological students more insight into individual and group behavior, opportunity for development of skills in pastoral counseling, and some knowledge of availability and use of community agency resources. In some cases these courses are conducted by regular

staff members of the seminaries; some are given by social workers and other specialists from community agencies.

A large number of the clergy are seeking specialized training in social work and counseling. The recognition of the need for special training has resulted in a development of facilities where clergy may receive training under clinical conditions. These facilities have grown up under several auspices, notably the Institute of Pastoral Care and the Council for the Clinical Training of Theological Students. Both work in close cooperation with the Commission on Ministry in Institutions of the National Council of Churches in training candidates for work as chaplains in federal penal and correctional institutions and various state and local agencies. This Commission, together with the Commission on Religion and Health, are constituent parts of the Department of Pastoral Services of the National Council. The Department is endeavoring to extend conventional theological training to include the general principles of mental hygiene and the relation of religious experience and religious ministry to maintenance of mental and physical health. The Commissions mentioned above cooperate with various national agencies and with the Federal Bureau of Prisons in training and placing chaplains in federal prisons, and with various state departments in improving religious ministry in state hospitals and correctional institutions.

The Department of Pastoral Services has called together leaders of various agencies supervising clinical training programs for the purpose of arriving at common understandings concerning standards and goals for the movement as a whole.

5. Relief and reconstruction have become major objectives. Through its Department of Church World Service the National Council of Churches "serves the common interests of its constituency in works of Christian mercy, relief, reconstruction and inter-church aid," primarily overseas. These functions were taken over when the Council was constituted in 1950 and Church World Service, Inc. (CWS), a merger of three previously exist-

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ing organizations in this field of service, became a part of the National Council. Operations in Europe are carried on in very close liaison with, and in many cases by assistance rendered to, the Department of Inter-Church Aid and Service to Refugees of the World Council of Churches. In Asia, Protestant missions furnish almost all of the personnel required, and CWS reconstruction programs in general are coordinated with similar programs carried on by the missions.

The program is kept as flexible as possible so as to be able to respond quickly and effectively to emergency needs. This involves a basic operation in collecting clothing and food in kind. The Christian Rural Overseas Program, formerly inter-faith, is now the agency solely of CWS in the collecting and forwarding of foods and staple fibers in kind. Clothing processing centers are maintained. Funds for shipping and overseas programs are provided largely by the cooperating denominational relief agencies, with some coming from individuals, local churches, and cooperating organizations of various kinds. The central office assists denominations in raising their funds for relief and reconstruction.

Church World Service is giving increasing emphasis to technical assistance, introduction of improved farming methods, rehabilitation of the physically disabled, and provision of various resources to encourage self-help and strengthen the native economy. Of the \$898,000 spent in 1958 for program projects, exclusive of relief and resettlement, \$510,000 was allotted to technical assistance.

Programs overseas vary from region to region. In Europe, the main concern at the present time is the refugees; CWS both assists welfare programs for those unable to emigrate and for newer refugees from Eastern Europe, and cooperates with the World Council of Churches in migration programs. A large share of this work is done with persons related to the Eastern Orthodox Churches, which are affiliated with both the National Council and the World Council. CWS has affiliated agencies in most European countries. In Japan the main current emphases are on

child welfare programs and responding to special emergencies like floods, typhoons, tornadoes and famine; in Hong Kong, on welfare and self-help programs for Chinese refugees and on assistance to orphans in cooperation with International Social Service; in Korea on assistance to delinquent girls and young widows, self-help industries for widows and others, rehabilitation for amputees, and other programs ranging from anti-tuberculosis activities to rural reconstruction; in the Middle East on complementary welfare programs; in Central and South America and in several African nations on meeting economic and medical needs which arise from natural disasters or native uprisings. In some nations such as Vietnam, where Church World Service formerly engaged in extensive relief work, the indigenous churches have gradually assumed the responsibility. Standby committees are frequently maintained.

During the years Church World Service has assisted in the resettlement of over 100,000 displaced persons and "ethnic Germans" from Europe and Asia. *See* INTERNATIONAL SOCIAL WELFARE.

6. Family casework is closely related to the pastoral function of the clergy. In recent years ministers have gained respect for scientific technique, and social workers have lost some of their fear of ministerial amateurishness. Through close cooperation with Protestant church-related family welfare agencies, of which there are an estimated 120, the value of interprofessional cooperation is becoming manifest. City councils of churches have also helped interprofessional understanding by arranging planned and systematic consultation between ministers and social workers in nonsectarian agencies for exchange of professional experience.

A stronger emphasis on the importance of the family as the basic unit of society is reflected in the development of the Department of Family Life in the National Council of Churches and its counterparts in some major denominations. In 1961 the National Council will sponsor its first National Conference on Family Life.

7. A pronounced characteristic of Protes-

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tantism during recent decades is the expansion of the "welfare" concept to include social education and action. This added interest is usually distinguished from social work in that it emphasizes political and social reform and reconstruction rather than remedial activities. It is now apparent that from the churches' point of view the two spheres are complementary.

The report of the 1957 National Conference on Policy and Strategy in Social Welfare stated: "We rejoice that the nation sees more clearly than in earlier periods that economic justice should be built into the structure of its national life and that while this does not take the place of voluntary agencies of kindness and mercy, neither do they take the place of justice. It is here that social work and what the churches have come to call 'social action' unite, for 'social action' is concerned especially with the large-scale political and economic decisions which are favorable to social justice."

Interest in social action was aroused and promoted by what became known as the "social gospel" movement. That term is not often heard today, but its essential significance—the application of the Christian ethic to the structure and organization of our social life—is widely recognized by the Protestant churches. Especial emphasis is placed on economic and industrial relationships, living standards and conditions, race relations, and international peace and good will. In some sense these broader interests constitute a framework within which Protestant social work is carried on. Most of the major denominations find leadership in the several areas mentioned in the corresponding departments of the National Council of Churches. As the descriptive account given below will make clear, the present tendency is to place responsibility for social education and action in official church agencies supported by denominational funds. *See SOCIAL ACTION.*

8. City missions, not to be confused with rescue missions—though the latter have some commendable social work to their credit—are operated by several denominations. They are conducted as church extension and mis-

sionary agencies in urban areas. The Methodist Church has a number of them which support a variety of local undertakings on the basis of a planned strategy of social adaptation. The Baptist and Congregational-Christian missions are noteworthy. There are a number of Lutheran welfare agencies operating on a city or statewide basis, providing family service, child care, hospitals, and chaplaincy work. The City Mission Societies of the Episcopal Church have as their main purpose provision of chaplaincy service to public institutions, but the larger societies provide or sponsor temporary shelters, convalescent homes, hospitals, settlements, and family casework service. The New York City Mission Society, an undenominational organization, has an impressive program. It operates camps, nursing services, and group work activities in connection with its churches and centers located in underprivileged areas. It is conducting a psychiatric clinic with Spanish-speaking personnel, planned with particular reference to the Puerto Rican people of New York.

Special Types of Social Work

A number of special services, developed in line with the needs of particular groups or neighborhoods, are noteworthy.

1. Settlements and community centers have been influential in changing the character of a neighborhood. Those under religious auspices are an expression of the churches' interest in individual and community welfare. In early days evangelization was an important objective of these agencies, which were frequently established by missionary boards and societies. Many settlements grew out of chapels or parish house activities of larger institutional churches in metropolitan areas. More recently group work centers have been developed by churches in rural areas and especially among isolated populations. In addition to recreational, educational, and intercultural activities, most of these agencies offer some form of organized religious program either primarily denominational or broadly nonsectarian. *See SETTLEMENTS AND NEIGHBORHOOD CENTERS.* An estimate based

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upon a partial survey in 1954 indicates that there are about 550 Protestant settlement and neighborhood houses.

2. Transients and migrants require specialized services. Work among seamen and members of the Merchant Marine has been a traditional concern of several denominations, especially the Episcopal and Lutheran churches. In major seaports on the Atlantic, Pacific, and Gulf coasts they conduct religious services and operate homes and hostels, providing room and board at nominal rates, recreation facilities, baggage storage, help in locating missing persons, and counseling. It is estimated by the Department of Social Welfare of the National Council of Churches that there are about 475 residences and temporary shelters of all kinds administered by Protestant church-related agencies.

The work with the million migratory farm workers and their families has been on an interdenominational basis since its inception in 1920 and is administered by the Division of Home Missions of the National Council of Churches on behalf of the home mission boards of the denominations. State and local councils of churches and councils of church women cooperate in developing the service now under way in more than 25 states. Religious services, Sunday schools, vacation church schools, pastoral services, day care centers for the small children, educational programs for the children of school age, club activities for the youth, literacy classes, camp-wide programs for all those in the camps, referral services to public agencies in cases of need, and efforts for better community acceptance of migrants by the residents—these are important phases of the work in migrant camps.

Many of these activities, particularly in the health and educational fields, serve as demonstrations which stimulate public agencies to incorporate the services into their ongoing programs. Churches are urged to support legislation that will provide more adequate living and working conditions.

The social-religious ministry in industrial defense communities was established in 1951 to meet the needs occasioned by the migra-

tion of construction workers to build America's mammoth industrial defense plants. The Division of Home Missions focuses emergency services of the home mission boards upon isolated groups of construction workers in need of the service, coordinates programs in the field, and administers, in cooperation with state councils of churches, an interdenominational service in the large concentrations.

The Division of Home Missions has established several pilot projects in cooperation with councils of churches and councils of church women to help American Indians toward social and economic adjustment to white community life as they come from the reservations to settle in industrial centers.

3. Work with the physically handicapped has a significance quite out of proportion to its size. The Goodwill Industries, closely associated with the Division of Home Missions and Church Extension of the Methodist Church, is an example of activities established by churches for rehabilitation of the handicapped. These activities, usually operated under interdenominational auspices, not only give employment to handicapped people through repair of clothing and furniture for sale in Goodwill Industries stores, but provide a program of retraining and casework service. The Goodwill Industries of America is the coordinating and standard-setting body in this field. Other provisions for the handicapped include homes for the deaf, dumb, and blind, which offer retraining and placement services as well as protective care. On the basis of a partial survey in 1954, it is estimated by the National Council's Department of Social Welfare that there are about 140 rehabilitative agencies under Protestant auspices. *See THE PHYSICALLY HANDICAPPED and VOCATIONAL REHABILITATION.*

Denominational and Interdenominational Organization

Some of the major denominational agencies of social welfare may be briefly mentioned, in alphabetical order.

The American Baptist Convention has a Council on Christian Social Progress, and

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within its Home Mission Society is a Division of Institutional Ministries, a department of "Christian Centers," and a Juvenile Protection Service. The American Lutheran Church has a Board for Christian Social Action and a Board of Charities. The Augustana Lutheran Church has a Commission on Morals and Social Problems and a Board of Social Missions. The Church of the Brethren has a Brethren Service Commission, including a Department of Social Welfare, in its General Brotherhood Board. The Congregational Christian Churches maintain a Council for Social Action with specialized leadership in the fields of Christian citizenship, international relations, and industrial, agricultural, racial, and cultural problems. The Disciples of Christ, International Convention, has a Department of Social Welfare with divisions of Social Education and Community Service, and a Benevolent Association which administers homes for children and for the aged. The Evangelical Lutheran Church has a Board of Charities. The Evangelical and Reformed Church has a Commission on Christian Social Action and one on Benevolent Institutions. (The Commission on Christian Social Action is in process of merging with the Congregational Christian Churches' Council for Social Action, the new body to be known as the Council for Christian Social Action of the United Church of Christ.) The Evangelical United Brethren's agency is called the Commission on Christian Social Action. The Lutheran Church-Missouri Synod has a Board of Social Welfare. The Mennonite Church maintains a Board of Missions and Charities, and the Mennonite General Conference has a Board of Christian Service. The Methodist Church has a Board of Hospitals and Homes, a Woman's Division of Christian Service, and a Board of Social and Economic Relations. The Division of Home Missions and Church Extension of that denomination carries on many services through departments of City Work, Town and Country Work, and Goodwill Industries. The United Presbyterian Church in the U.S.A. maintains a Division of Social Education and Action in its Board of Chris-

tian Education; an Office of Health and Welfare for chaplaincy, neighborhood houses, and institutions for children and aging, and a Department of Educational and Medical Work in its Board of National Missions. The Presbyterian Church in the U.S. (Southern) has a Division of Christian Action in its Board of Christian Education and is in the process of establishing a Division for the oversight of homes for children and the aging, in its Board of Church Extension. The Protestant Episcopal Church carries on an extensive program under its Department of Christian Social Relations. It has three divisions: Health and Welfare Services, Christian Citizenship, and Urban-Industrial. The Southern Baptist Convention has a Christian Life Commission. The United Lutheran Church maintains a Board of Social Missions, with departments of "Inner Missions" and Social Action. The National Lutheran Council, which coordinates the welfare programs of two-thirds of the Lutherans in America, has a Division of Welfare.

All of the above denominational agencies, with the exception of the Christian Life Commission of the Southern Baptist Convention, cooperate with boards of still other denominations and with the Salvation Army, the Volunteers of America, the YMCA, and the YWCA in joint planning through their participation in the Department of Social Welfare of the National Council of Churches. The Department has a General Committee of over one hundred representatives of the denominations or their national agencies. They serve on four commissions which deal with social issues and policies in health and welfare, church-related health and welfare services, field service, study and survey. The Department also sustains a coordinating relationship with other units of the National Council of Churches in respect to their health and welfare interests, some of which have been noted in this article. It helps the denominations evolve sound health and welfare policies, standards, and programs, cooperates with professional standard setting organizations, and frequently represents the interests of the churches of the National Council in

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relations with national public and voluntary health and welfare agencies.

Since 1930 the Department of Social Welfare of the National Council has sponsored the Church Conference of Social Work, an open forum held annually in conjunction with the National Conference on Social Welfare, of which it is an associate group. About every three years the Department also brings together the health and welfare associations of its constituent bodies to consider new developments of common interest at a National Conference on the Churches and Social Welfare. The next such conference will be held October 23-27, 1961, in Cleveland, Ohio.

Recruitment, Training, Placement

The demand for qualified, trained workers exceeds the supply in church social welfare as it does in other fields of social work. In particular, there is a demand for ordained clergymen with social work training to direct departments of social welfare in local and state councils of churches. Denominational boards and church-related agencies and institutions are eagerly seeking qualified men and women with Christian motivation.

In order to meet the increasing demand for social workers, some denominations are conducting recruitment drives for workers, offering social work scholarships, and adding staff members to their denominational boards with direct responsibility for personnel in their communions.

As a charter member of the Council on Social Work Education, the Department of Social Welfare of the National Council of Churches is working with other national agencies and denominations toward closer cooperation with schools of social work.

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PSYCHIATRIC SOCIAL WORK is social work undertaken in psychiatric agencies and mental health programs. Its purpose is to contribute to those services which promote mental health in the community and to serve people with mental or emotional disturbances. It is generally practiced in hospitals, clinics, or other psychiatric settings as a part of the activities of a clinical team including psychiatrists, psychologists, and frequently other professional personnel concerned with the treatment of patients and the extension of psychiatric services. *See* MENTAL HEALTH AND MENTAL ILLNESS.

The social work process most generally used by the psychiatric social worker has been social casework applied to the identification, diagnosis, and treatment of persons with personal and social maladjustments caused or aggravated by mental and emotional problems. *See* SOCIAL CASEWORK.

The field of practice includes work with individuals and groups, supervision, teaching, administration, consultation, participating in education of related professions such as medicine and nursing, and research and collaboration in the development of mental health programs and community education.

Early Development of Psychiatric Social Work

Psychiatric social work began in 1905 when the first psychiatric social workers were employed in neurological clinics in Massachusetts General Hospital, Boston, and Bellevue Hospital and Cornell Clinic, New York City. The following year, psychiatric social work was initiated in Manhattan State Hospital in New York City by the New York State Charities Aid Association, and this worker visited patients' families to obtain information needed by psychiatrists about their patients' family background and life experiences. Later, the function of preparing families for the return of patients to their homes was added. As the United States entered World War I, leaders of the psychiatric social work profession foresaw the need for provision for the care of men in the Army and Navy hospitals and initiated a training course for psychiatric social work at Smith College in 1918. As the flow of neuropsychiatric casualties expanded, the Medical Department of the Army requested the American National Red Cross to supply psychiatric social work personnel to the military hospitals. The first trained worker was assigned in September 1918.

After the close of the war in March 1919, the Surgeon General of the United States Public Health Service asked the American Red Cross to organize a social service program within the federal hospitals, since the Public Health Service had been made responsible for the care of ex-servicemen. The Red Cross assumed responsibility for outlining the program, formulating policies, recruiting personnel, and assisting in the organization of the work. Because these hospitals served large areas, it was essential that the worker be equipped not only to give aid to the psychiatric staff, but also to assist home Red Cross Chapters in assembling social data, interpreting recommendations for treatment, and helping the discharged patient to work out the social program necessary for his recovery. There was a serious lack of trained personnel. Accordingly, the Red Cross offered

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special scholarships and cooperated with existing schools of social work in a program of training. By January 1920, there were social service departments in 42 hospitals. The Red Cross continued to carry the full responsibility for these programs until 1926 when the United States Veterans Bureau organized a social work section as a part of its medical service and began taking over the social service program in veterans' hospitals. The Red Cross continued to maintain departments of social work in 17 Army and Navy hospitals and in Saint Elizabeths Hospital, Washington, D. C., during the peacetime interval.

Of equal importance for psychiatric social work was the child guidance movement which had its beginnings in the early work done with juvenile delinquents by Dr. William Healey. While a few child guidance clinics were established prior to 1922, the real impetus to this movement came in that year with the establishment of demonstration child guidance clinics in Norfolk and St. Louis, by support from the Commonwealth Fund. During the next twenty years, extension of social work in mental hygiene activities took place rapidly. This area of practice developed more fully than the practice within psychiatric hospitals. In 1932, less than thirty per cent of social workers employed in psychiatric settings were in hospitals. Since 1940, an increasingly higher proportion of workers have been so located. However, the lack of trained workers in state mental hospitals remains a problem. The latest statistics show that in 1957 there were over 1,400 psychiatric social workers in public mental hospitals,¹ over 300 in public institutions for mental defectives and epileptics,² and over 2,450 in clinics.³

¹ Data from *Number of Personnel Employed in Public Mental Hospitals at End of Fiscal Year, by Selected Positions, by State, 1957*. Provisional data. Biometrics Branch, National Institute of Mental Health, Department of Health, Education, and Welfare.

² Data from *Provisional Data on The Number of Full Time Personnel in Public Institutions for Mental Defectives and Epileptics, by State, 1957*. Biometrics Branch, National Institute of Mental Health, Department of Health, Education, and Welfare.

³ Data from *Characteristics and Professional Staff*

The onset of World War II with its unexpectedly high rate of neuropsychiatric casualties provided the impetus for further expansion and development in the field of psychiatric social work. Large numbers of personnel were needed to staff the various hospital and clinic programs of the Services, and the American Association of Psychiatric Social Workers acted as an important force in this development. It established a War Service Office and provided consultation to the military in regard to the expanded needs of the Services. The important contribution of psychiatric social workers was recognized by the military, and a special classification was established for military psychiatric social workers. As the war ended a classification was established for Officer Psychiatric Social Workers, and the number of social workers who are in military service both in the Army and the Air Force has expanded since the war. During the war years, the American Red Cross assisted the services materially by supplying large numbers of psychiatric social workers and by increasing the available supply of personnel by providing scholarships for students interested in becoming qualified as psychiatric social workers. The role of psychiatric social work in World War II is described in detail in the *Neuropsychiatric History of the Medical Service in World War II*, Section V, Chapter II, soon to be published.

The passage of the National Mental Health Act in 1946 provided another impetus to the expansion of psychiatric social work. At that time it was estimated that there would be a need for approximately 15,000 psychiatric social workers to provide the necessary services in clinics and hospitals throughout the country. The number of psychiatric social work students has been increased from 305 in 1947 to over 900 in 1959. Over 2,900 were trained by use of National Institute of Mental Health funds in the 12 years the program has been in operation. The funds also assisted the states and local communities to develop

of Outpatient Psychiatric Clinics. Public Health Service Monograph No. 49. Public Health Service, Department of Health, Education and, Welfare, 1957, p. 10.

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numerous psychiatric facilities, and psychiatric social workers along with other mental health personnel have moved into positions in clinics and demonstration projects to meet the great needs of the field of mental health.

The Veterans Administration has a nationwide program of hospitals, clinics, centers, and regional offices. It is the largest employing agency of social workers in the country with over 1,350 social work personnel, many of whom are psychiatric social workers. Rehabilitation services, established by the Vocational Rehabilitation Act, passed in 1943 and amended in 1954, have also extended the need for additional psychiatric social workers for rehabilitation of the mentally ill.

Psychiatric social work has had a continuous development in the various Services. In the Department of the Army, social work functions are integrated in the processes of Army selection and rejection, mental hygiene, diagnoses and treatment of mental illness, and rehabilitation of military prisoners. Army social workers, numbering approximately 150, are assigned to Mental Hygiene Consultation Services, Army hospitals, field medical units, disciplinary barracks, and combat divisions, as well as to the staffs of the Army Medical School, Walter Reed Army Institute of Research, and the Office of the Surgeon General. In response to an increasing demand for a greater contribution inherent in these assignments, an advanced training program, leading to the doctoral degree in civilian universities, has been instituted for selected career officers. The increased experience of Army social work officers has resulted in significant contributions to interdisciplinary research, as well as to the literature.

The Department of the Air Force has a psychiatric social work program, administered by the Office of the Surgeon General, USAF. Casework services are provided psychiatric patients and their families by a group of commissioned officers, all of whom are graduates of an approved school of social work. Air Force psychiatric social work officers currently number 30. They are stationed at 15 specialty treatment centers in the United States and at five overseas installations. Sev-

eral of the assignments are devoted largely to research, teaching, and base community mental health organization, including work in corrections. Annually, one or two officers are assigned to full-time study toward the doctorate. Collaboration with civilian social work is constant and includes the supervision of social work students in field placements at Air Force psychiatric inpatient and outpatient services. Psychiatric social work officers participate in a variety of professional and community efforts and conferences.

The U. S. Public Health Service employs both civilian and commissioned officer social workers in its various programs. Approximately 125 social workers, many of whom are psychiatric social workers, are assigned to hospitals and outpatient clinics, regional offices throughout the country, and at the National Institutes of Health, especially the National Institute of Mental Health and the Clinical Center where clinical research is carried on. See PUBLIC HEALTH.

*The Field of Practice*⁴

The field of practice of psychiatric social work is identified by its emphasis on the basic problems that are involved in the advancement and maintenance of mental health and the diagnosis and treatment of mental illness. It exists within community mental health programs and organizations and services charged with the identification, diagnosis, treatment, care, and rehabilitation of individuals who are suffering from emotional disturbances or gross mental or neurological disorders. The services and programs may operate under tax-supported, voluntary, or proprietary auspices and may be on a national, state, or local level. They may exist as independent entities or may be located within an organization with another primary purpose such as education, medical care, public health, welfare, religion, or corrections.

Direct services for the psychiatrically dis-

⁴ This and the following section are based upon material prepared by the Professional Education Committee, Psychiatric Social Work Section, National Association of Social Workers, entitled *Description of Practice Statement in Psychiatric Social Work*, August 1958. Mimeo.

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abled are based on the medical-legal framework of psychiatry. They have the purpose of alleviation of mental illness and restoration of mental health and range from consultation regarding incipient mental dysfunction to protective care of those whose degree of mental impairment is so severe as to preclude their functioning within the community. Facilities consist of psychiatric hospitals and clinics, psychiatric services in general hospitals, residential treatment centers, and schools or hospitals for the mentally retarded. Within these facilities the psychiatric social worker functions as a member of an interdisciplinary team.

Rehabilitative measures for the psychiatrically disabled include after-care programs, family care, half-way houses, day care centers, sheltered workshops, and therapeutic clubs. They are directed toward the maintenance, development, or restoration of the individual at his highest level of social functioning. The nature of psychiatric disability and the tempo and degree of recovery dictate the most appropriate treatment method. These services may be offered in conjunction with hospital and clinic programs for children and adults, or under other auspices, and may be provided before, during, after, or instead of hospital treatment, as is appropriate.

Promotion of mental health is a responsibility of all mental health personnel. Differences occur in emphasis and range. In direct service programs, promotion of mental health is a continuing aspect of the total treatment plan. In some of these agencies, definite programs exist for mental health education, consultation, and promotion of mental health. Certain facilities have been established specifically for the prevention of disability and for the advancement of mental health. These latter include public health agencies, mental health societies, and community mental health programs.

Role and Function of Psychiatric Social Work

The direction and level of activity of the psychiatric social worker is determined by the nature of the illness, the degree of dis-

ability, stress factors in the environment, the function of the agency, and the resources existing within the patient, his family, and the community. The psychiatric social worker contributes special knowledge in relation to social functioning which derives from his training, skills, and attitudes as a professional social worker and from his expertness in the mental health field.

In direct service programs the psychiatric social worker carries responsibility in relation to both the patient and his family through all phases of diagnosis, care, treatment, and rehabilitation.

The psychiatric social worker secures and assesses psycho-social data, including patterns and modes of behavior, use of defense mechanisms, family relationships, social-economic situations and factors that have contributed to and/or perpetuate the mental illness, as well as the assets and potentials for rehabilitation; and interprets these for use of the therapeutic team in the formulation of diagnosis and treatment.

In direct service the psychiatric social worker collaborates with members of other professions in the treatment program recommended for the patient. The primary focus of his treatment efforts may center in his relationship with the patient or may be directed largely into work with the family or other key figures. He assists the patient and/or his family to understand the meaning of the patient's illness and their reaction to it; to accept the need for treatment as a corrective measure; to determine and work toward the resolution of specific problems and stresses in the environment which impede treatment or interfere with adequate social functioning; to develop healthy, satisfying interpersonal relationships; to modify undesirable and unrealistic attitudes; and to facilitate use of the patient's own assets to strengthen his efforts toward a more satisfying adjustment.

The psychiatric social worker participates in and may initiate social change within the setting and participates in planning such changes in order to increase the therapeutic effectiveness of the total program.

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In after-care and rehabilitation programs, the psychiatric social worker, often the key person, assists the patient to achieve more satisfactory interpersonal relationships, stimulates and sustains his interest in social and vocational activities, encourages his undertaking progressive responsibility, and helps him in use of family and community resources. Helping the patient may be in relation to anxieties created by the loss of the hospital's protective environment, family or community pressures, problems in adjusting to limitations and handicaps in the community, or unrealistic attitudes concerning degree of disability.

In some instances the psychiatric social worker may exercise an observational function toward certain patients whose adjustments within the community are so precarious that they may easily become dangerous to themselves or others. The worker's role consists of recognizing symptoms heralding the return of the acute phase of the illness and helping the family or mobilizing community resources to effect the patient's rehospitalization.

Throughout treatment and rehabilitation the psychiatric social worker provides a continuing relationship for the patient with his family, mobilizes both family and community resources to advance his recovery, and maintains liaison with community health and welfare agencies and other aspects of the community. When services are provided by other agencies, the social worker coordinates these services with the total plan of treatment for the patient.

The psychiatric social worker operates in the promotion and organization of community mental health programs and activities. In such programs he may carry a leadership or collaborative role directed toward: the integration of psychiatric programs with community health and welfare programs; provision of consultation to community health, education, and welfare services; and education of the community in mental health concepts.

The psychiatric social worker carries out his functions by the use of casework, ad-

ministration, consultation, community organization, and research with each appropriately applied to the mental health setting. Operational activities may range from responsibility for an individual caseload to administration of a program. Educational endeavors may consist of field instruction, classroom teaching, and allied activities in a professional school of social work, participation in the training of allied professions and/or agency personnel, and efforts directed toward the general public. Both research and social action in the field of mental health are of constant and vital interest to the psychiatric social worker, and for some in the field of practice constitute their major professional endeavor.

Professional Education

The first training program for psychiatric social workers was established at Smith College in 1918. From its beginning as an organization, the American Association of Psychiatric Social Workers (AAPSW) had a primary interest in education as preparation for practice. The initial design of a suggested curriculum was made by the AAPSW through the study of course content of the six schools originally offering academic and field instruction in psychiatric social work. This statement was published in 1939 and revised in 1943.

The extraordinary demands for the services of psychiatric social workers during the post-war years, and the stimulation and financial support provided by the National Mental Health Act with its training grants program, have led to a rapid expansion of the number of schools offering training for psychiatric social workers. In 1949, a conference on education for psychiatric social work sponsored by the AAPSW, held at Dartmouth College, gave educators, field work supervisors, and specialists from related fields and disciplines an opportunity to outline the content and methodology needed for professional education in this field.⁵ In 1951 the AAPSW

⁵ See American Association of Psychiatric Social Workers, *Education for Psychiatric Social Work* (*infra*).

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published recommendations for class and field content entitled "The Statement of Essentials in Professional Education for Psychiatric Social Workers." Subsequent revisions have been made in this statement in the light of accreditation standards and curriculum policy for all social work education.

The content which was once offered primarily to the psychiatric social work student is now for the most part included in the curriculum for all social work students. The schools wishing to give more intensive preparation for this field of practice place special emphasis on the modification of social case-work or social group work in the psychiatric setting; the working relationship with the other members of the psychiatric team; the import of the psychiatric diagnosis of the patient and his family; and a detailed knowledge of the community's provisions for the care and treatment of the mentally ill.

The approval process for psychiatric social work programs originally carried out by the AAPSW was transferred to the American Association of Schools of Social Work in 1951. In July 1952 the approval of psychiatric social work programs became a responsibility of the Council on Social Work Education, successor to the Association. As of June 1, 1959, 49 schools had been approved.

With the action taken by the Council on Social Work Education to eliminate the accreditation of all specialty programs by 1960, the psychiatric social work student will be identifiable henceforth by the type of field instruction he receives.

An institute for faculty members in all schools having psychiatric social work programs was held in 1955. This institute, sponsored by the AAPSW and the National Institute of Mental Health, afforded the participants an opportunity to examine teaching methods and special emphases appropriate to the preparation for psychiatric social work practice. In 1957 another institute sponsored by the National Institute of Mental Health and the Psychiatric Social Work Section of the National Association of Social Workers was held on the use of the case method in teaching psychiatric social work.

Between 1946 and 1958 there have been 7,121 psychiatric social work students trained in American schools of social work approved for training in this field. The latest available data from the Council on Social Work Education (November 1, 1958) indicates 1,062 students enrolled in psychiatric social work programs during academic year 1958-59, but includes students in both their first and second year of graduate training. These are in addition to the above quoted figure which enumerates only students who were in their second year of graduate training in psychiatric social work sequences. The impressive development of training facilities and student enrollment in psychiatric social work has occurred largely due to the financial support derived from the training program of the National Institute of Mental Health. During its twelve years of operation it has supplied \$6,222,762 in teaching funds and \$5,602,493 in traineeships for psychiatric social work. A total of 2,929 traineeships have been supported. In fiscal year 1959, \$1,323,907 was granted to 49 schools of social work, and 728 traineeships amounting to \$1,465,546 were supported. In addition, grants were made to the Council on Social Work Education and to the Psychiatric Social Work Section, the Group Work Section, the School Social Work Section, and the Research Section of the National Association of Social Workers (and/or their predecessor organizations) for special projects.⁶

The Veterans Administration has a program of paid field work for a limited number of students. Since 1947 about 1,500 students, the majority of whom were receiving training in psychiatric social work, have received these stipends. Veterans Administration facilities have been used extensively for the training of social work students, with 200 field work placements for psychiatric social work students each year.

The growth of advanced programs in schools of social work has been influenced by the need for leadership personnel in all areas

⁶ Data supplied by the Psychiatric Social Work Section, Training Branch, National Institute of Mental Health, Public Health Service.

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of social work practice. This is also true for the programs in mental health which need supervisors, administrators, teachers, consultants, and research personnel. From 1948 to 1958, 739 students have been enrolled in advanced or doctoral programs. The National Institute of Mental Health has provided stipends for 231 students in the third year programs and for 50 students in doctoral training. It has also developed a program of support for individuals who wish to undertake formal preparation for teaching responsibilities in the mental health disciplines. Since 1955, teaching grants have been made to six schools of social work for this purpose and 18 candidates have completed this career teaching program. Another special program developed by the Department of Psychiatry of Massachusetts General Hospital offers experienced social workers the opportunity for a year's training in community mental health and National Institute of Mental Health stipends at the \$6,000 level are available.

Professional Organization

The Psychiatric Social Work Section of the National Association of Social Workers (NASW) is the membership organization representing and interpreting the professional practice of psychiatric social work. One of NASW's predecessor organizations, founded in 1926, was the American Association of Psychiatric Social Workers which became one of the active groups in planning which led to the establishment of a single social work organization in 1955.

The program of the Psychiatric Social Work Section is carried out largely through study committees on the national and local levels. The Section, the largest in NASW, had a membership as of May 15, 1959, of over 3,200 and had 45 chapter sections or committees throughout the country. The work of the national Section is directed by an elected Executive Committee and staff service is provided by an Assistant Director of the Association responsible for Section activities.

Members of the National Association of Social Workers may qualify for membership

in the Section by graduation from an accredited school of social work with an approved psychiatric social work sequence or, after July 1958, by completion of a psychiatric field placement in the second year of graduate training. Graduates who are currently employed in a psychiatric setting are also eligible for membership in the Section.

The standing committees of the national Section are Professional Education, Practice, Membership, Nominating, Publications, and Conference Program. Publications of Committees are included in the bibliography appended to this article.

The Section cooperates with other sections of NASW in joint endeavors such as the Committee on Participation in Medical Education, which is a joint committee of the Medical and Psychiatric Social Work Sections.

The Section has also undertaken an active recruitment program to attract students to the psychiatric social work field. Most recently, this activity has been supported by a grant from the Smith, Kline, and French Foundation.

Current Trends in Psychiatric Social Work

The intensification of research on mental health problems is creating a growing demand for psychiatric social workers who are competent in research as well as in treatment. One stimulus is the Mental Health Project Grants program of the National Institute of Mental Health which is providing funds for pilot studies and demonstrations which will improve methods and techniques for treatment and rehabilitation of the mentally ill.

The growing number of psychiatric services in general hospitals is furthering the development of integrated social service departments and increasing the need for more personnel, both psychiatric and medical social workers. Standards for such departments will soon be published. Further study of staffing patterns and standards for other treatment facilities are greatly needed.

State mental health programs are growing and both inpatient and outpatient services are being improved. Many psychiatric social

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workers are carrying leadership responsibilities in these programs and in several states are directors of the total mental health program. Over sixty psychiatric social workers are employed in state level chief administrative positions in 44 states and territories.

Because of the size of the mental health problem in this country and the growing involvement of many non-psychiatric educational, social, and health agencies in prevention, family care, followup, and other programs, many psychiatric social workers are serving as consultants. This is an area of service needing study and clarification.

In all of these areas more staff are needed. In concert with the whole profession, the field of psychiatric social work must continue active recruitment efforts to attract growing numbers of qualified students to undertake social work education. Increased salary levels and improved working conditions are doing much to make this specialty more attractive.

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PUBLIC ASSISTANCE programs provide needy persons with income to enable them to purchase the essentials of living when their own resources are insufficient. Medical care and other social services are increasingly being provided under these programs to help the needy achieve as much personal and economic independence as possible. Public assistance programs today are a joint undertaking of the federal, state, and local governments.*

Under the public assistance titles of the Social Security Act, originally passed in 1935 and subsequently amended, the federal government makes grants to states for (a) a share of the cost of assistance to the needy aged, blind, permanently and totally disabled, and to dependent children deprived of parental support and (b) a share of the costs of administering these programs. The purpose of this federal aid is to help the states provide financial assistance as far as practical under conditions in the states and to provide medical care and other services to help recipients increase their capacity for self-care or self-support, and to maintain and strengthen family life.

Today, the benefits of the public assistance titles of the Social Security Act are extended to the needy aged and blind and to dependent children living with a parent or relative in all jurisdictions of the United States. Federally aided assistance programs for the disabled, provided under a 1950 amendment to

the Social Security Act, are now being administered in all jurisdictions except Alaska, Arizona, Indiana, Iowa, and Nevada. In addition, in all states some general assistance is provided from state and/or local funds.

Expenditures and Caseloads

The total number of persons receiving public assistance in December 1958 was 6.9 million—3.9 per cent of the total civilian population; approximately 1 in 26. The two largest groups of recipients were the aged and young children—groups which are most likely to be dependent and which are increasing more rapidly than the total population.

Expenditures for assistance payments from federal, state, and local funds amounted to \$3,426 million in the calendar year 1958. The federal share of this expenditure was \$1,728 million, the state share, \$1,261 million, and the local share, \$437 million. The amount expended for public assistance in the year 1958 represented about 1 per cent of personal income payments in the nation during 1957. The 34.9 per cent increase in total expenditures in 1958 as compared with 1953 reflects increases in average payments in each of the assistance programs, owing in part to increasing expenditures for medical care and higher standards of assistance in some states.

About 2,430,000 persons (approximately 1 in 6 persons in the country 65 years of age or over) received old age assistance in April 1959. The national average monthly old age assistance payment was \$64.49, with payments ranging from a low of \$29.14 in Mississippi to a high of \$110.10 in Connecticut (except for \$8.17 in Puerto Rico and \$23.48 in the Virgin Islands). About 781,000 families received aid to dependent children, including 2,253,000 children (about 3.5 per cent of all children in the nation under 18 years of age). The national average payment per recipient was \$28.74 and the range was from \$7.03 in Alabama to \$46.27 in California (except for \$4.10 in Puerto Rico).

In addition, 335,100 persons received aid to the permanently and totally disabled, with a national average payment of \$63.36 and a range from \$29.45 in Mississippi to \$131.00 in

*For current information regarding public assistance programs the reader is referred to the *Social Security Bulletin*; the Bureau of Public Assistance, Social Security Administration, Department of Health, Education, and Welfare, Washington 25, D.C.; and to state public welfare departments.

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Connecticut (except for \$8.84 in Puerto Rico and \$25.43 in the Virgin Islands); and 109,500 persons received aid to the blind, with a national average payment of \$68.56 and a range from \$35.06 in Alabama to \$115.48 in Massachusetts (except for \$8.18 in Puerto Rico). About 449,000 cases received general assistance, with a national average payment of \$68.47 and a range from \$12.69 in Alabama to \$102.17 in New Jersey (except for \$7.22 in Puerto Rico).

Public assistance is used to supplement social insurance benefits in instances where low wages or the length of time worked in covered employment have entitled the beneficiary to receive benefits in an amount which does not meet his basic needs. *See* SOCIAL INSURANCE. It is also used to meet special needs, such as medical care, for those whose insurance benefits plus other personal resources are insufficient to meet this additional expense. *See* MEDICAL CARE.

The number of persons receiving both insurance benefits and old age assistance continued to increase during the past year. About 650,000 or almost 27 per cent of those receiving old age assistance in February-March 1959 received both insurance benefits and assistance payments, compared with 22 per cent a year earlier—an increase of 345 per cent from the number in September 1950. Almost 22 per cent of all old age assistance payments (approximately \$34 million) was made to aged beneficiaries in February 1959 to supplement benefits. The approximately 42,000 families receiving both insurance benefits and aid to dependent children represented 5.4 per cent of all families receiving aid to dependent children in February-March 1959—the same percentage as a year earlier. They received 4 per cent (about \$3.3 million) of the total payments to aid to dependent children families.

Before 1935

Public responsibility for those unable to support themselves has always been a part of the American way of life. In earlier days local financing and administering of a limited amount of outdoor relief plus the care pro-

vided in local almshouses or poorhouses comprised the larger part of public relief activities. After 1860 some states developed and supervised the administration of institutions for specialized care of insane and mentally deficient persons and the indigent aged and sick. During the early 1900's limited pension laws were passed in some states for the blind and aged and for certain needy children. Needy persons also benefited from aid and services provided by private charitable organizations in the larger cities.

However, the public welfare program of the Colonial period, with its heritage from the seventeenth century English poor laws, remained practically unchanged until the first quarter of the twentieth century. The depression of the 1930's, which created unprecedented need among millions of unemployed people, found the nation dependent primarily on the inadequate provisions of an archaic poor relief system, limited state pension programs, and the resources of urban voluntary social agencies.

Coincident with economic problems resulting from mass unemployment were equally serious social problems which developed as the nation became industrialized. The large farm family was being replaced by the smaller city family dependent on wages from employment and subject to rapid social changes and other strains that lessened family cohesion. Individuals became increasingly affected by the impersonal forces of a money economy. There was also a growing number of aged persons and young children dependent on the support of a smaller proportion of wage earners in the total population.

As destitution grew beyond the capacity of public and private agencies in the localities and states to handle, the federal government, beginning in 1932, devised various measures to aid millions of unemployed persons, including a temporary public works program for the unemployed. Building on the growing but limited state and local relief programs, a temporary system of federal grants to states to aid the unemployable was initiated.

Planning for a more permanent system

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to prevent destitution culminated in the passage of the Social Security Act in 1935 which provided for (a) a contributory system of social insurance, as the basic method of preventing dependency resulting from old age or death of the wage earner; (b) an unemployment insurance program to protect persons against the risks of short-term unemployment; (c) federal grants-in-aid to states for public assistance to needy aged and blind persons and dependent children; and (d) child health and welfare services. In 1950 Title XIV was added to provide aid to the permanently and total disabled. Responsibility for aiding other needy persons was left to the states and localities. *See THE FIRST TWENTY-FIVE YEARS OF THE SOCIAL SECURITY ACT, 1935-1960, in PART ONE.*

Public Assistance Provisions of the Social Security Act

The Social Security Act requires a state to develop a plan for the operation of each public assistance program for which it wishes to claim federal funds. The plan is submitted for approval of the Social Security Administration of the U. S. Department of Health, Education, and Welfare. The basic conditions of approval of a state plan are set forth in the Act. These include provision for:

1. Statewide operation.
2. State financial participation.
3. A single state agency to administer the plan or supervise its administration by local agencies upon which state rules, regulations, and standards are mandatory.
4. Methods of administration necessary for proper and efficient operation of the plan, including the establishment and maintenance of personnel standards on a merit basis.
5. Restriction of information about applicants and recipients of assistance to purposes directly connected with the administration of the program. A provision enacted as a part of the Revenue Act of 1951 permits exceptions to this prohibition under appropriate state legislation. The names of recipients and the amounts of their assistance payments may be a matter of public record and open to interested persons if the state legislation in-

cludes safeguards against the commercial or political use of information so obtained.¹

6. Opportunity for anyone wishing to do so to apply for assistance and to have his application acted upon with reasonable promptness.

7. Opportunity for a fair hearing before the state agency for any claimant for assistance whose claim is denied or is not acted upon within a reasonable time.

8. Submittal to the Social Security Administration of such reports as it requires.

9. Consideration, in determining need of a claimant for assistance, of any income and resources that he may have (with partial exemption of earned income in aid to the blind, as hereinafter described).

10. Designation of a state authority or authorities responsible for establishing and maintaining standards for all types of public and private institutions in the state in which, under the state plan, a needy person may receive assistance (applicable to all programs except aid to dependent children).

11. Prohibition of the concurrent receipt of more than one form of public assistance under the state plan.

In addition, the state plan may not include:

1. Any residence requirement more restrictive than the maximums in the act; namely, 5 years in the last 9 and 1 year immediately preceding application in old age assistance, aid to the blind, and aid to the permanently and totally disabled; and 1 year in the case of aid to dependent children.²

2. Any citizenship requirement barring a citizen of the United States who is otherwise eligible for aid.

In addition, special provisions relate to each of the categories for which federal funds are claimed. For example, in the old age assistance program, the state must set its age requirement at 65 years. In the aid to the

¹ 32 states have passed legislation under this provision.

² For specific residence requirements for the categories of public assistance in each of the states, the District of Columbia, Puerto Rico, and the Virgin Islands, the reader is referred to *The Public Welfare Directory*, published annually by the American Public Welfare Association, 1313 East Sixtieth Street, Chicago, Illinois.

blind program, blindness must be determined by an examination, but the applicant has a choice as to whether he will have this done by a physician or an optometrist. In addition, in determining whether a person is in need and how much he shall receive, states must disregard any earned income up to \$50 a month. This income must also be disregarded in determining the needs of the blind person's dependents.

In aid to the disabled, the persons aided must be 18 years of age or over. In aid to dependent children, the child must be under 18 years of age and living in the home of a parent or relative; one or both parents must be dead, incapacitated, or absent from home; and law-enforcement officials must be promptly notified when aid is given for a child who has been abandoned or deserted by a parent.

The Act defines assistance as money payments to, or medical care in behalf of, needy persons. The money payments must be paid directly to the needy aged, blind, or disabled person or his legal representative or guardian or to the person caring for dependent children. This provision has been interpreted as preventing any restriction on the recipient's use of his money payment. The person receiving aid is given responsibility for deciding how best to use his income, as others do in the community. A needy individual is thus enabled to have in his possession money for the essentials of living and to continue to live in his own home without interruption of family life because of economic need alone. Payment for the cost of medical care on behalf of needy persons can be made directly to doctors, hospitals, and others providing medical or remedial care.

Federal financial participation is available in public assistance payments made by states to individuals living in their own homes and, except in the aid to dependent children program, to persons in public medical institutions and in private institutions offering medical or domiciliary care (other than mental or tuberculosis hospitals), provided the individuals are not there as a result of a diagnosis of psychosis or tuberculosis.

The Act's provisions retain the traditional responsibility of the states and localities for the administration of public assistance programs but insure equitable treatment throughout the state. They give states wide discretion in determining how the programs are to be organized and administered, who is to be eligible for aid, and how much aid eligible persons shall get, but they set certain minimum standards reflecting the national interest. They define the groups of needy persons for whom the programs are intended, insure that certain basic individual rights will be safeguarded, and provide for proper and efficient administration to enable the purposes of the program to be achieved as far as possible in each state. In general, the provisions of the Act reflect the increasingly widespread recognition of the dignity of the individual, respect for his rights and responsibilities, and the importance of helping needy individuals and families strengthen their capacity to care for themselves.

The federal government and the state governments share in paying for the four public assistance programs provided under the Social Security Act: old age assistance, aid to the blind, aid to dependent children, and aid to the permanently and totally disabled.³ State agencies determine the amount of assistance they will pay in accordance with their own laws and standards.

The Social Security Act stipulates that assistance payments may be made only to the "needy" and that consideration must be given to all income and resources in determining need except in the aid to the blind program where up to \$50 a month of earned income must be disregarded. The Act does not define "need," but leaves to each state the responsibility for establishing its own standards for determining need and the amount to be paid to a needy person.

In contrast with earlier poor relief practices which considered a person as needy only when he was destitute—without food, shelter, or other basic essentials of living—today a person is usually considered needy when his

³ See "Legislative Changes" below for details of the federal matching formula as amended in 1958.

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resources are too small to provide what the state has set as the minimum amount required to purchase his basic maintenance needs. In most instances, assistance is given in an amount to supplement the applicant's own resources to bring them up to this standard. Generally, the possession of a modest home, a small amount of cash assets for such purposes as illness and burial, and household and personal effects do not render an individual ineligible for public assistance in so far as his need is concerned.

In considering the income and resources of an individual, many states also establish policies with respect to the responsibility of relatives for the support of their needy kin, the ownership of income-producing property, value in insurance policies, cash reserves, and other assets to be used to meet current or prospective needs. Some states impose liens or other security devices on property, especially real property, in order that there may be recovery for assistance granted from the estate of a recipient on his death and that of his spouse.

The amount an individual in given circumstances needs to live on is determined on the basis of cost figures for such items as food, shelter, clothing, fuel, utilities, and other essentials. States establish their own quality-quantity standards for these basic items, the cost of which is redetermined from time to time. In addition, most states also make some provision for meeting the cost of such special needs as nursing home or medical care. The difference between the total cost of an individual's requirements and the value of his income and resources commonly determines whether he is "needy" and also represents the amount of his need.

Much progress has been made in recent years in assuring more equitable treatment of individuals within a state by the establishment of statewide standards for the total cost of basic essentials, with local cost figures varied only for differences in living costs. However, some states are not always able to meet need in full. Law or administrative regulation may establish a maximum payment which is the highest amount that may

be paid in any one month to a needy person. The amount of money appropriated by the state for assistance also influences the level of assistance that can be provided to needy persons of that state. The size of assistance payments thus varies from state to state.

Legislative Changes

The public assistance provisions of the Social Security Act, originally enacted in 1935, were amended in 1939, 1946, 1948, 1950, 1952, 1954, 1956, and 1958 to reflect social and economic changes, and changes in other social security legislation, especially the old-age, survivors, and disability insurance program. Major amendments passed since 1950 are outlined below.

1950. Amendments in 1950 established the new category of aid to the permanently and totally disabled, provided for a state authority responsible for maintaining standards in institutions in which needy persons live, federal participation in payments for the costs of medical care paid directly to doctors, hospitals, and other vendors of medical care, and the exemption of the first \$50 of earnings of needy blind persons. In the aid to dependent children program, provision was also made for the inclusion of the adult caretaker of dependent children; and all the federally aided public assistance programs were extended to Puerto Rico and the Virgin Islands.

1952 and 1954. Amendments in 1952 raised the maximums on the amounts of individual payments in which the federal government can participate and increased the federal share within these maximums. In 1954, these amendments which otherwise would have expired were extended to 1956.

1956. In 1956, in addition to a further increase in federal funds in each program, a new provision was added for separate federal sharing in state medical care costs paid directly to suppliers of medical care services. Of special significance was the inclusion in the statement of purpose in each of the four public assistance titles of the objective of furnishing appropriate public welfare services to help assistance recipients toward more in-

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dependent living, and clarification of the authority of the federal government to participate in a state's costs in providing agency staff services to help needy persons achieve increased self-care or self-support and to maintain and strengthen family life. Provision was also made for additional federal participation in the costs of training personnel for public assistance programs but no appropriation has been made to implement this amendment.

1958. In 1958, the basis of federal financial participation in state expenditures for public assistance was revised in three significant ways:

(1) For the first time, the fiscal ability of each state was considered in part in determining the federal share of a state's expenditures for public assistance.

(2) The federal share was related to a single average expenditure per recipient for both money payments to recipients and vendor payments for medical care.

(3) The amount of state expenditures for public assistance, including medical care, in which the federal government will participate was limited to an amount equal to \$65 a month times the number of aged, blind, and disabled recipients in the state and \$30 times the number of recipients in aid to dependent children.⁴

Effective October 1, 1958, the formula used in determining the federal share of state expenditures (except for Puerto Rico, the Virgin Islands, and Guam) is as follows:

For the aged, blind, and disabled the federal government pays 4/5 of payments up to \$30 per recipient, and for aid to dependent children, 14/17 of payments up to \$17 per recipient.

The federal share of the remainder of a payment ranges from 50 to 65 per cent (depending on each state's fiscal capacity based on per capita income data supplied by the Department of Commerce, except that 50 per cent is specified for Alaska and Hawaii) up to an average limitation of \$65, including medical care, per recipient in old age assist-

ance, aid to the blind, and aid to the permanently and totally disabled, and \$30 per recipient in aid to dependent children.⁵

The 1958 changes (a) increased the amount of federal funds available to all states for public assistance, (b) made possible greater flexibility in meeting individual needs of people, and (c) simplified state fiscal procedures for claiming federal funds.

Federal participation in public assistance expenditures was continued on a 50-50 matching basis in Puerto Rico and the Virgin Islands. Limitations on total expenditures in which the federal government will participate were revised to relate to average expenditures per recipient as in other jurisdictions but at lesser amounts (\$35 a month per recipient for old age assistance, aid to the blind, and aid to the permanently and totally disabled, and \$18 a month per recipient for aid to dependent children). The annual limitation on the authorization of federal funds for Puerto Rico was raised to \$8,500,000 (from \$5,312,500); and for the Virgin Islands, to \$300,000 (from \$200,000).

The public assistance provisions of the Social Security Act now apply to Guam on the same basis as to Puerto Rico and the Virgin Islands but with a dollar limitation of \$400,000 a year.

In addition, special provisions relating to aid to the blind programs in Pennsylvania and Missouri were extended from June 30, 1959, to June 30, 1961; and federal sharing was provided in payments to persons judicially appointed under state law as legal representatives of assistance recipients whether or not they are the legal representatives of such persons for other purposes.

An Advisory Council on Public Assistance

⁵ Previously, the federal maximum share was determined in relation to payments to each individual recipient and to an average expenditure per recipient for payments to suppliers of medical care. Maximums for individual payments in which the federal government shared were \$60 a month for the aged, blind, and disabled; \$32 a month each for the first child and the person caring for him, and \$23 for each additional child in the family receiving aid to dependent children; and an average of \$6 a month per adult recipient and \$3 a month per child recipient for vendor payments for medical care expenditures in their behalf.

⁴ Provisions of (1) and (3) above do not apply to Puerto Rico, the Virgin Islands, and Guam.

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was also established to review the status of the public assistance programs in relation to the old-age, survivors, and disability program, the fiscal capacities of the states and the federal government, and any other factors bearing on the amount and proportion of the federal and states' share in the public assistance program. The Council is to make a report of its findings and recommendations to the Secretary and the Congress by January 1, 1960.

PROGRAM DEVELOPMENTS

Changes in the Causes of Dependency

Major factors contributing to dependency have changed from mass unemployment in the 1930's, when the federal government first assumed some responsibility for needy people, to disability, chronic illness, advanced age, and family disruption in the 1950's.

In December 1958, the federally aided public assistance programs were helping 1.6 million persons whose need was attributed primarily to disability, chronic illness, or severe infirmities of old age. This number included nearly a fifth of the old age assistance recipients—some 437,000 persons who were bedridden or required a substantial amount of care from others because of some physical or mental impairment; 328,000 persons receiving aid to the permanently and totally disabled; 110,000 persons receiving aid to the blind; and 721,000 persons receiving aid to dependent children because of need due to the incapacity of a parent. In addition, a substantial proportion of the other 2 million aged caring for their own daily needs no doubt had health and other problems relating to aging; their average age was 75 years.

Similarly, absence of a parent because of marital estrangement accounted for need in nearly 60 per cent of the families receiving aid to dependent children. The decline of about one-third in the number of paternal orphans in the total population since 1930, as a result of improvement in medical knowledge and health conditions and the increasing availability of insurance benefits for surviving children, has resulted in a decline from 36 per cent in October 1942, to 10

per cent in late 1958 in the proportion of children receiving aid to dependent children because of the death of the father. The social problems evident in the increasing number of dependent families receiving aid because the father has deserted or is absent for other cause has sharply pointed up the need for planning additional ways to help with these problems.

These and other evidences of the changes in the major causes of dependency have resulted in efforts to improve the medical care available to needy people and to provide other social services to help persons deal as constructively as possible with problems of disability, chronic illness, family disruption, or old age contributing to their dependency. For it is increasingly being recognized that without appropriate help such problems can result in deteriorating situations harmful to both the individual and the community.

Improving Medical Care for Public Assistance Recipients

Traditionally, public welfare agencies provided some medical care through staff physicians, by operating institutions giving medical care to the indigent, or by paying for the medical care given to needy persons. Under the Social Security Act as passed in 1935, federal financial participation was available in the costs of medical care when included in the monthly payment to the recipient within the limits of the federal maximum on the monthly assistance payment. However, the amount of medical care that could be provided to assistance recipients under this provision was limited because of state and federal maximums on individual payments, and its nature and extent varied greatly between states, and often between localities in the same state.

An amendment to the Social Security Act in 1950 broadened the definition of "assistance" to include payment for medical care or other remedial care made directly to the suppliers of such services. The amount allowed for medical care, however, had to come within the specified individual matchable assistance payment maximum, as previously.

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The Social Security Act was amended again in 1956 to permit federal sharing in vendor payments for medical care separate from the money payment. This amendment provided for separate federal sharing in a state's total expenditures for medical care paid directly to suppliers of medical services in behalf of assistance recipients up to one-half of the sum of \$6 times the number of adult recipients and \$3 times the number of child recipients per month.

This provision enabled some states that had not provided for medical care to begin to pay the cost of some medical services, and others to expand their existing medical care provisions. The use of an average in determining the amount of the federal share also made it possible to meet larger medical care expenses in individual cases.

In December 1958, 38 different states were providing medical care with federal participation through vendor payments for one or more categories of federally aided public assistance, an addition of 5 states from the previous December.

Nursing-convalescent home care through money payments or vendor payments was the item included most frequently for adult categories as of January 1958; and drugs, the item most frequently included in the aid to dependent children program. Nursing services provided by registered or practical nurses in the recipient's home was the item supplied least often. States used the vendor payment method more often for hospitalization than for other items of medical care.

Vendor payments for medical care made in behalf of recipients of federally aided public assistance programs totaled \$26.8 million in December 1958 and \$265.0 million for the calendar year 1958.

Further increases in the availability of medical care are expected to result from the 1958 amendment which changed the basis of federal financial participation in state expenditures for public assistance by relating the federal share to a single average expenditure per recipient for both money payments to recipients and vendor payments for medical care.

Increased Emphasis on Social Services

The 1956 amendments related to services stimulated increased planning by federal, state, and local agencies and other interested groups to coordinate medical, social, vocational, and other services with financial assistance to provide a broad range of services to help needy persons increase their capacity for self-care or self-support, and to maintain or strengthen family life.

The Bureau of Public Assistance has been working with other units in the Department of Health, Education, and Welfare and with national voluntary social agencies in planning for the development of needed social services as well as the utilization of community resources now available through other programs. For example, it has been working with the Children's Bureau, Office of Education, the Child Welfare League of America, and other governmental and voluntary agencies in development of services, standards, and interpretative materials in family and child welfare. Similarly, it has been working with special committees on aging in the Department, the National Social Welfare Assembly, American Public Welfare Association, Family Service Association of America, and sectarian and social work groups in planning community action to deal with problems of the aging. It has also been working with the U.S. Public Health Service in promoting cooperative services in health care, nursing home and institutional arrangements for older and ill people; and with the Office of Vocational Rehabilitation in providing vocational and social rehabilitation services for the needy disabled.

Increased efforts by the states in planning to achieve further progress in the development of services for needy families, the disabled, and the aged are also reflected in the states' services plans developed in 1957. The problems most frequently identified for which the states would provide services were, in the order named, health, employment, housing, family relations, and children's problems—problems requiring short-time or tangible services. Many states recognized spe-

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cial responsibility for children and older persons in hazardous situations. The majority identified community planning as a staff responsibility. The problems least frequently identified for which services would be provided were emotional problems of members of broken families, unmarried parents, or the ill—problems requiring more intensive casework service over a longer period of time. See SOCIAL CASEWORK. In general, because of staff limitations and heavy workloads, responsibility for services was realistically defined by either limiting the problems for which services would be provided, limiting services to those required in the determination of eligibility for money payments, or limiting services to those that could be provided only during regular contacts for eligibility purposes.

With increasing recognition of the need to focus services on the family as a unit and to integrate financial assistance, payments for medical care, and other family casework services, progress is being made in implementing these service plans both at the state and local level. In addition to the substantial help being given through the day-by-day activities of staff in providing financial assistance and medical care, a few states also have developed special services, such as homemaker services, volunteer service units, and foster home care for the aged. There are evidences of increasingly effective utilization of other community resources. Special projects in a few agencies are demonstrating the potential values in providing appropriate services and the benefits of cooperative effort between public and voluntary agencies and other groups in the community. There are also other evidences of increasing coordination between public and voluntary agencies in providing casework services and other strengthened working relationships between public and private social welfare agencies. In addition, increased emphasis is being placed on the use of volunteers in providing supplementary services, and on citizen participation in general.

Although emphasis on the broad rehabilitation potentials of the public assistance programs is beginning to show results in many

states, heavy workloads, lack of professional training, and low assistance standards limit the extent to which the full objectives of the public assistance programs are being realized. Both the availability and quality of social welfare services being provided varies greatly across the country.

Since many agencies lack staff with professional skill and time to provide specialized social services, supporting community resources are often very limited or missing, and heavy workloads in many instances limit the opportunity to provide extensive services,⁶ states are giving increasing attention to administrative planning and methods of increasing competence of staff to provide appropriate services that will help needy persons to achieve more independent living.

Efforts to Improve Staff Training and Skill

To increase the number of qualified persons available to provide the quality of services needed in administering public assistance, a 1956 amendment to the Social Security Act provided additional federal grants to assist the states in meeting the costs of training personnel employed or preparing for employment in public assistance programs. However as was stated earlier, funds have not been appropriated by the Congress to implement this amendment.

At first, anticipation of increased federal funds for training served as a motivating force in evaluating staff needs and long-range planning for staff development in many states. However, it is now becoming more evident that other resources will need to be tapped to more adequately support professional training for public assistance personnel, and modifications made in workload and in standards of assistance, before the full potentials of the objectives of the public

⁶ About 23 per cent of staff in social work positions in public assistance agencies in 1950 had some social work training; 4 per cent had completed training. In the old age assistance program, in 1958, 27 states had average caseloads per worker of more than 200 (in 19 of these states they ranged from 255 to over 500); in aid to dependent children, 20 states had average caseloads of more than 100 (in 6, they ranged from 158 to 237).

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assistance titles of the Social Security Act—adequate assistance and increased capacity of needy persons for self-care, self-support, and strengthened family life—can be realized.

Related Social Welfare Activities

Public welfare agencies, administering federally aided public assistance programs in every local community in the country, are becoming recognized as a nationwide resource for meeting needs of other groups of people. For example, public welfare agencies at the federal, state, and local level are planning for defense emergency welfare services and services to repatriated American nationals and to refugees from other parts of the world. They also participate in arranging or providing training and observation in the social welfare field for foreign visitors. In addition, staff at the federal level take an active role in international social welfare developments. See INTERNATIONAL SOCIAL WELFARE.

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JAY L. RONEY

PUBLIC HEALTH.* In America, health departments began to be organized in cities, mostly seaports, during the first half of the nineteenth century. For instance, more or less full-time agents were employed by a governmental unit responsible for health activities starting in 1798 in Baltimore, in 1815 in Charleston, South Carolina, in 1818 in Philadelphia, and in 1832 in Providence, Rhode Island. It should be pointed out that the activities of these early community health organizations were dictated by the health problems then paramount in their respective communities. Those problems were primarily ones of contagious disease characteristic of towns which were then centers of worldwide travel, principally by sea. Thus, quarantine of the ports was one of their principal weapons against disease. During that time the causation of epidemic disease was still unknown. Most of the health activities were empirical and many of them now appear useless indeed. However, the relationship with poor sanitation was beginning to be recognized and the second weapon being developed was that of improved community sanitation.

During the latter half of the nineteenth century state health departments began to be organized, although the present-day pattern has been developed only during the present century. Some of the early departments were: Louisiana, 1855; Massachusetts, 1869; California, 1870; Virginia, 1873.

Probably the department of health established in Massachusetts is the first which can be properly compared with our present-day state health organizations in breadth of authority and activities. This was due in large part to a most remarkable report published in 1850 by an equally unusual man, Lemuel Shattuck. He was chairman of a legislative

committee for the study of health and sanitary problems of the state. Under his guidance, consideration was given to the current and future public health needs of Massachusetts, together with the relating of those needs to the broader picture of public health in the nation as a whole. Remember that this was before the time of Pasteur, Koch, and the other founders of modern bacteriology, so that the causes of most of the diseases being fought were still unseen and unknown. In spite of this, the Shattuck report recommended the establishment of local health agencies, a system for collection and analysis of vital statistics, sanitation for towns and buildings, school health, studies of tuberculosis and a number of problems which we now consider newly recognized: chronic alcoholism, mental disease, model tenements, control of atmospheric pollution, food adulteration, and misleading advertising. He even mentioned the establishment of nurses' training schools, teaching of sanitary science in medical schools, and the incorporation of prevention practices in clinical medicine including routine physical examinations.

If any other evidence is needed of the extraordinary vision of this man it might well be provided by his description of a good public health program: "The condition of perfect public health requires such laws and regulations, as will secure to man associated in society, the same sanitary enjoyments that he would have as an isolated individual; and as will protect him from injury from any influences connected with his locality, his dwelling house, his occupation or those of his associates and neighbors, or from any other social causes." Although his 1850 report was ignored for about twenty years it finally served as the basis for the development of the Massachusetts State Department of Health.

In spite of the vision of a few individuals like Shattuck, activities of most official health agencies during the second half of the nineteenth century were still limited to attempts at the control of infectious diseases, principal among which were cholera, typhoid, tubercu-

* For current information regarding developments and specific programs in the public health field the reader is referred to the American Public Health Association, 1790 Broadway, New York 19, N.Y.; National Health Council, 1790 Broadway, New York 19, N.Y.; and the Public Inquires Branch, Public Health Service, U.S. Department of Health, Education, and Welfare, Washington 25, D.C.

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losis, diphtheria, and the dysenteries. Not until the final decade of that century did the great advances in bacteriology provide a firm basis for rational programs for the eradication of many of these diseases. The result was that during the first quarter of the present century, tremendous strides were made in wiping out water-borne, milk-borne, and food-borne diseases; and a good beginning was made on the eradication of many of the acute diseases of early childhood including diphtheria and whooping cough.

It has only been during the second quarter of the present century that much of the variety of health department programs, as well as the mushrooming of voluntary health agency activities, has occurred. For instance, the newer knowledge of nutritional elements has permitted a widespread attack on rickets and pellagra, formerly prevalent in large areas of this country but now quite rare. We have also seen during the past few decades introduction of new programs for the prevention and rehabilitation of crippling conditions of childhood as well as an increased use of health education as a public health weapon against disease.

The result has been prolongation of the normal span of life and the aging of our population. Just one index of this changing pattern: the outlook for continued family life has changed remarkably from the situation in 1900 when over 25 per cent of children born in this country faced the prospect of becoming orphans by the time they reached eighteen. Now only about 7 per cent face that tragedy. Further, it has been pointed out that there are few people now past the age of 50 who do not recall the loss of a sibling during childhood, whereas in present-day families this is an increasingly rare occurrence.

During this period of development of health programs at the city and later at the state level, the seeds of what is now the U. S. Public Health Service were being planted. Its earliest beginning was in the Marine Hospital Service Act in 1798 which authorized the President to appoint physicians in each port to furnish medical and hospital care for

sick and disabled seamen. This was paid for by deductions from the pay of each man, and as the money was collected by the Customs Officers of the Treasury Department the fledgling medical service was housed in that governmental agency. From this small beginning grew up a Marine Hospital Service composed of 16 hospitals, 12 of which were general hospitals.

Not until 141 years later, in 1939, was the much expanded Public Health Service removed from the Treasury Department and included in the then new Federal Security Agency. Meanwhile the Hygienic Laboratory was established in 1901 and expanded in 1912 to provide the nucleus for what is now the vast and important medical research facilities of the National Institutes of Health. Some of the early units in this outstanding research organization were the National Cancer Institute, made possible by the passage of the National Cancer Act in 1937; the National Institute of Mental Health, which had its beginnings with the 1946 enactment of the National Mental Health Act; and the National Heart Institute, which dates back to 1948.

It must also be mentioned that a parallel organization for health and welfare services to children was being developed during those years. The Children's Bureau was established in 1912 as an agency of the Department of Commerce and Labor. Finally in 1953 Congress established the Department of Health, Education, and Welfare within which the Public Health Service and the Children's Bureau are now both housed.

Just as the primary activities of the early health departments were aimed at the control of epidemic diseases, now the primary concerns of both official and voluntary health agencies are turning toward the current killers—accidents, heart disease, cancer and the other chronic diseases. Perhaps the most promising change in the past decade has been the marked increase in governmental support to basic and clinical health research as exemplified by the work of the National Institutes of Health. This is a notable change in philosophy from former days when it was

felt that tax monies should be spent on health programs only in those areas where well-demonstrated disease control technics had been developed.

Community Anatomy

Just as the private physician checks the pulse, blood pressure, heart, lungs, and so on of the patient who comes to him with a complaint, in order to make a diagnosis, so the public health administrator must evaluate those social and economic factors of his community which relate to disease patterns. There are many health protective measures which can now be provided through organized community action which would be difficult or impossible for the individual to supply. For instance, individual filters on household water faucets were tried forty years ago and found unsatisfactory; the job of supplying safe drinking water can be done much better through the municipal water filtration and chlorination plant. Similarly, pasteurization of milk supplies, the authority to require isolation of certain communicable disease cases, the provision of hospital beds for tuberculosis patients—all of these would be difficult for the individual but are easy for the community through joint action. But to guide and develop a pattern of services for any community, the pattern of disease hazards must first be known.

Health agencies have the basic mechanics for securing such knowledge. A health department has the required records of births, deaths, reportable diseases, occupations, frequency of disease transmitting agents (mosquitoes, rats, flies, etc.), and census data (including level of education, income, crowding, availability of sanitary facilities, etc.). Health departments today also have information on the resistance level of different segments of their population to specific diseases through records of immunization against them or through actual blood antibody surveys. During the past two years an important new source of significant information has been provided through the National Morbidity Survey which, on a sampling basis, is for the first time collecting facts about non-fatal

illnesses to supplement the mortality records which we have had for so many years.

What are some of the community characteristics which may be related to the patterns of health and disease? They include such factors as age, sex, occupation, race, economic status, housing, degree of atmospheric pollution, number of carriers of specific disease organisms, nutritional status, and various atmospheric components such as temperature and humidity.

Each of these factors will obviously affect the disease pattern to some degree. For instance, within the same city there may be a ward in which over 10 per cent of the population is under five years of age; and in another ward there may be less than 3 per cent of the population in that preschool group. Similarly, the variation in proportion of elderly people may be quite extreme. The importance of diseases of infancy and old age shift correspondingly according to population and age make-up.

Perhaps even more surprising is the fact that the ratio between males and females can vary considerably. The same city may have wards in which females comprise as low as 43 per cent of the population while in other wards they may total 60 per cent. Obviously, here too the importance of case finding for a common disease like cancer of the uterus would assume quite different significance in the two areas.

Crowding and sanitation can be associated with wide differences in morbidity and mortality from infectious diseases, accidents, and infant mortality. For instance, in one city data were collected a few years ago on mortality rates from infectious and parasitic diseases in a group of census tracts which were below average socio-economically and in another group that were above average. Even within similar age groups the disparity in deaths was considerable: during the 1930's, mortality rates from the causes usually associated with crowding and poor sanitation were about 60 per 100,000 population in the poorer sections and only a little over 6 in the areas that were above average. The same kind of difference appeared at the other age levels. Although

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similar excesses for poorer areas occur in fatal accidents and in infant mortality, there are other kinds of diseases which exhibited no particular difference according to the socio-economic characteristics of the area studied: for example, heart disease, cerebral accidents, and certain types of malignant neoplasms.

As a matter of fact, even the life expectancy can be shown to be different according to the social characteristics of the neighborhood. In the same study it was shown that there was an advantage in males of about 7 years and for females of about 5½ years in the more affluent sections of town.

Public Health Technics

In these days of much popular writing about medical subjects, the principal technics of the clinician in *treating* disease are familiar to most of us. See MEDICAL CARE. We think of surgery, of the wonder drugs, of vitamin and hormone supplementation therapy, of the use of radiation to combat malignant growths, and of a few palliative preparations for the symptoms of allergy and for pain. But the kinds of technics available to an organized community to *prevent* disease are less publicized and less well known. Actually, they too fall logically into about a half a dozen categories.

First and perhaps best known are the physical barriers which a community can raise against a disease. These include water supply filtration or chlorination; the pasteurization of milk; the "building out" of accident-encouraging situations in new homes as well as the proper provision of physical attributes of light, ventilation, and warmth within those homes; the precipitation of physical and chemical components of atmospheric pollution at their source; and, most recently, the use of more extensive screening and coning of radiation equipment to minimize the unnecessary exposure of people to ionizing radiation. Together they comprise most of what has become thought of as sanitation or environmental control.

The second group of barriers against disease which a community may erect are

physiological barriers. Perhaps the first which comes to mind here is the requirement of certain vaccination procedures such as that for smallpox prior to school entrance. In this field of artificially induced resistance against disease we now have effective agents against smallpox, diphtheria, whooping cough, tetanus, poliomyelitis, influenza, and a few others. It is likely that within the next year or two increasingly effective immunizing agents may well be developed against some of the common respiratory ills which plague us so frequently.

However, there are other ways to raise a community's physiological resistance against disease. For example, the replacement of certain nutritional elements of wheat in the production of flour and bread; the availability of iodized salt; the production of vitamin D reinforced milk; the use of high protein bread and cod liver oil; and the fluoridation of drinking water supplies—all of these will add to the protection against disease, not just on the part of a fortunate few but on a community-wide basis, providing they are made available to all.

A third group of disease barriers which a community can utilize are epidemiological barriers. These are the ways by which infectious disease cycles can be broken either through isolation or quarantine of infectious cases; by rapid sterilization of infectious lesions; or by the elimination of disease-carrying vectors such as insects and rodents. Here, too, it is most important that there be a community-wide mechanism for periodic or continuing measurement of the level of these barriers. If, for instance, the prevalence of the disease-transmitting mosquito is increasing and there are known carriers of that disease in a community, then we have a strong indication for action. In other instances the decline of these epidemiologic barriers might be the signal for a step-up of the use of artificial immunization or some physiological barrier which might compensate. Diseases which have been controlled largely through these kinds of technics include malaria, venereal disease, tuberculosis, yellow fever, and the fly-borne dysenteries.

Then there are the educational barriers against disease which can be erected by keeping up the informational level in the community about disease. Perhaps our most encouraging results in this field have been in the reduction of infant mortality through educational efforts directed at safe preparation of babies' food during their early months, and in certain types of cancer where through early detection (as in uterine cancer in females) the disease can be cured in 75 per cent or better of the cases when picked up early but only in a third or less of cases when diagnosed late. The primary difficulty here has been one of passing along attitudes of acceptance as well as information on health matters. Person-to-person contact is much more effective than the use of mass media, and yet to make available to all of the members of a community the advancing advantages of medical and sanitary science, the use of all methods of communication would seem highly desirable. One of the important functions served by voluntary health agencies during their period of rapid development in the past three decades has been personal involvement of many individuals in the community in an educational program about a specific disease or group of diseases.

In discussing the four preceding technics for disease prevention it is obvious that for all of them a system of community-wide records of vital statistics is most important. In addition to records of births and deaths and cases of certain illnesses there must also be a correlated record of health services in order to provide some estimate of the efficacy of these services. Such community-wide record-keeping systems are usually based on some governmental authority, although special surveys and demonstration projects of an intensive nature have been carried on very successfully on a voluntary basis after securing the cooperation of the professional group involved. In general, however, both the collection of the vital figures necessary to establish a "health profile" for the community, and such analysis and utilization of those figures as will provide the health professions with a current and usable picture of

the community's disease pattern, should be the job of the health department.

Finally, there is a group of ways in which health agencies can supplement the services of the individual practicing physician. With more and more complicated processes being developed in the treatment of disease, the completely solo practice of medicine is becoming increasingly difficult. Usually the private physician works closely with a hospital and the out-patient services of that hospital. But in addition to that it is frequently useful for him to have the services of a public health laboratory and of the visiting nurse or public health nurse. *See PUBLIC HEALTH NURSING.*

The use of a team of a public health nurse, a physical therapist, and a practical nurse in the home care of cerebral accident and other hemiplegic victims is becoming increasingly common. These are auxiliary personnel provided by a health department or other health agency working under the direction of the private physician.

Another type of supplementation through auxiliary personnel of a medical service program is the kind of help that can be provided by trained nutritionists in convalescent homes or nursing homes. Likewise, the services of a child psychologist through the health department may be extremely useful to the schools as well as to other social agencies in the community, particularly in rural areas. *See SCHOOL SOCIAL SERVICES.*

Of course, there are still the traditional fields where some direct medical service has been supplied by health agencies: tuberculosis, venereal disease, and mental disease, as well as certain types of crippling conditions in children. However, more and more of these services are being turned back to the private practitioner as better means for treatment of these illnesses make possible short-term and less economically catastrophic care. The medical social workers originally employed by health departments only in tuberculosis, venereal disease, and crippled children's programs are now being much more widely utilized both in health agencies and by private physicians to help with some of the long-term problems of their chronic disease patients.

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See MEDICAL SOCIAL WORK. Similarly, the services of a speech therapist provided by some health departments has been a welcome addition to the private physician's approach to the follow-up of patients with repaired cleft palates or with some of their stroke patients.

State and Local Organizational Patterns

It is obvious from what has been said above that the public health team is a complex and extensive one. Nothing in human health or in our present approach to the correction of health problems can be handled by any single discipline. To recapitulate, a public health program needs the services to some degree or other of the following: a trained public health physician, dentist, nurse, medical social worker, engineer, sanitarian, health educator, biostatistician, nutritionist, physical therapist, veterinarian, pediatrician, and an epidemiologist. Of course, these are not all going to be available in most health agencies, either official or voluntary. But their services on a part-time or consulting basis are usually secured through arrangements with some other level of health organization.

At the local level the pattern of organization to provide community health services varies tremendously over the country. In the south, this is largely through the organization of county boards of health, each being staffed with at least the basic trio—physician, nurse, and engineer. However, in the New England states county government is much weaker and in one state (Connecticut) has actually been abolished by 1959 legislation. In that part of our nation the predominant pattern is of official health agencies at the town or village level in addition to the larger city departments of health. In some of the larger states like New York and Pennsylvania there is a combination of county health department services and those supplied by regional or district offices of the state department of health. This combination of mechanisms for the provision of health protection and promotion also exists in many of the midwest and western states.

The basic staff for these local departments

usually consists of an administrator, usually but not always a physician, a public health nurse, and a sanitarian or sanitary engineer. More frequently in recent years a health educator has been added to this group. In the larger cities, counties, and combined city-county units, the organization of local health department staffs may parallel closely that provided at the state level. But whatever the staff and whatever the organizational pattern it is the local agency's principal responsibility to actually deliver services to the individual or group in the community needing them.

On the other hand, the state departments of health do not always have the responsibility for providing direct services but only of supervision of the local units and supplementation of their efforts where necessary. The usual pattern of a state department of health includes the following elements: staff services such as health education, biostatistics, fiscal and management functions, civil defense, and program planning; and field activities, including public health nursing, environmental health, maternal and child health service, and control of the communicable and chronic diseases.

Environmental health services may include sanitation, control of stream and air pollution, radiologic health, accident prevention, and, occasionally, industrial health.

Maternal and child health activities will include infant health—frequently with a special emphasis on providing services for premature infants and for immunization of preschool children; school health—which may be provided either by the health department or by the department of education; crippled children's activities—sometimes in the health department and sometimes in a separate commission or in the department of welfare; and usually a program for the prevention of rheumatic fever in children. There are also departments which provide maternal health clinics for prenatal observation during pregnancy and a few even have birth control clinics for the dissemination of contraceptive information. They also encourage the follow-up of postnatal patients as a safeguard to

the mother and a preventive measure against certain types of uterine cancer.

Among those activities performed by the preventable disease section of a state health department are tuberculosis control, venereal disease control, communicable disease control, and in some instances a chronic disease control section. A number of state health departments also have responsibility for a chronic alcoholism program and some function, usually rather limited, with regard to narcotic addiction. *See ALCOHOLISM and NARCOTIC ADDICTION.*

The role of state departments of health in relation to local departments is one of support, both financially and professionally. Again there is no single pattern of fiscal support by states to villages, towns, counties, or cities, but frequently provision is made for reimbursement of local health department expenses up to as much as 50 to 75 per cent by the state department of health. To qualify for this there is usually some type of a program review by the state agency, and preparation of personnel at the local level must be satisfactory to the state agency. Most of the states have either a civil service or merit system providing protection of their professional and technical positions from political interference. Many of them use the tests of the Professional Examination Service of the American Public Health Association as the basis for their qualifying examinations. Thus a degree of uniformity between states is secured and some transferability of trained personnel is possible between states.

In turn, the states receive general grants and categorical grants for certain disease programs from the federal government through the United States Public Health Service. Appropriations at both the state and local level have been going up rapidly during the recent past. A national summary by states for the period 1950 through 1957 indicates an increase of 71.1 per cent in state appropriations and 72.9 per cent in local appropriations during that period. In actual dollars the local appropriations at the end of the interval studied were still somewhat higher than the state appropriations (\$156 million as against \$147

million). On a population basis, most of the state appropriations for health average between \$1.50 and \$3.00 per capita per year.

It should be emphasized that there are many health functions carried on by state government in other agencies. For instance, some of the other departments having activities relating directly to health would include: agriculture department, labor department, motor vehicle bureau, welfare department, mental health department, recreation bureau, conservation department, education department, and others. It is difficult therefore to estimate the exact amount of money spent for health purposes with such a wide dispersal of official efforts.

In all states but two the state commissioner of health or state secretary of health is appointed by the governor and has full departmental and cabinet status. In two states health activities are carried out by a division of the department of social welfare. There are different patterns of use for state boards of health. In some states these are entirely advisory or with a quasi-legislative function in that they are empowered to enact state sanitary codes of regulations. In other instances the boards have more administrative functions and may actually appoint the state health officer who serves a term and is not removable by the governor except on the recommendation of the board.

Federal authority to participate in public health activities is derived from Article 1, Section 8, Paragraphs 1, 3, and 17 of the Constitution of the United States. These are the provisions which relate to the regulation of foreign and interstate commerce, the levying of taxes, and the promotion of general welfare, and the powers of the President (with the consent of the Senate) to make treaties with foreign powers.

U. S. Department of Health, Education, and Welfare

The principal agencies of the Department of Health, Education, and Welfare are the Public Health Service, the Social Security Administration (which includes the Bureau of Old-Age and Survivors Insurance, the

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Children's Bureau, and the Bureau of Public Assistance), the Office of Education, the Office of Vocational Rehabilitation, and the Food and Drug Administration.

Health is an important aspect of all of these programs, and their joint planning in areas of common interest is evidenced by the growing number of departmental committees on which appropriate constituent units are represented. For example, through the Department's Federal Council on Aging, activities are coordinated so that the many health, welfare, and income maintenance problems of older people are treated as an entity. Thus services are better geared to the individual needs of the aged who benefit from these federal programs directly or through their state and local agencies.

Coordination is further effected through eight regional offices where much of the direct work with state agencies is carried out. Each regional office has representatives from each constituent unit on its staff, working under the general administration of a regional director.

Major responsibility for developing the health programs of the Department of Health, Education, and Welfare rests with the Public Health Service. Its broad powers and duties are defined in the Public Health Service Act of 1944 as amended. The work of the Public Health Service falls into three major categories: research, medical and hospital services, and public health practice. The Service also administers financial grants to the states for general and special public health services and for the construction of hospitals, health centers, and other medical facilities. Grants are made to public and private nonprofit research institutions for medical research and the training of scientists.

The research programs of the Public Health Service include laboratory, clinical, epidemiological, engineering, statistical, and administrative studies—all focused on contemporary health problems. Studies are conducted in facilities of the Service, in the field, and in laboratories of other institutions under cooperative arrangements. Public Health Service research grants help support the in-

vestigations of scientists in their own institutions. Grants are also made for the training of professional personnel in certain specialized fields, such as mental health, cancer, and heart disease. The Service provides medical and hospital care only for certain groups of people whom Congress has made eligible to receive such care. Among these are the seamen of the American Merchant Marine, personnel of the United States Coast Guard, eligible American Indians, and civilian employees of the federal government. The last-named group receives care only for disease and injuries contracted in connection with their employment. The Service also provides medical personnel for the ships and shore establishment of the United States Coast Guard and the Maritime Administration, for the prisons and reformatories of the Department of Justice, for the health programs of the International Cooperation Administration, and for several other federal agencies. It administers the nation's foreign quarantine laws and regulations and conducts medical and psychiatric examinations of immigrants seeking admission to the United States.

In the field of public health practice, the Service provides technical assistance to states and local communities. It administers national laws to prevent the interstate spread of infectious diseases, develops and tests new methods in the prevention and control of disease, licenses the manufacture of biologic preparations sold in interstate and foreign commerce, and assists states and communities in dealing with such problems as water and air pollution and radiological contamination. It collects and distributes the nation's vital statistics and conducts special studies of health data. Recently, broad responsibility for the health aspects of civilian defense programs was delegated to the service.

The Public Health Service has played a leading role in developing and operating the health programs in underdeveloped areas of the world, working with the International Cooperation Administration of the State Department. The Service also serves as official liaison with the World Health Organization

and the Pan American Sanitary Bureau. *See* INTERNATIONAL SOCIAL WELFARE.

The act of 1912 which established the Children's Bureau directed it to investigate and report "upon all matters pertaining to the welfare of children and child life and . . . especially investigate the questions of infant mortality, the birth rate, orphanages, juvenile courts, desertions, dangerous occupations, accidents and diseases of children, employment, legislation affecting children in the several States and territories." The Shephard-Tower Act (1921-1929) established the pattern of maternal and child health programs now in effect throughout the country by providing assistance to states in the form of grants-in-aid. Under Title V of the Social Security Act of 1935, the Children's Bureau was given the responsibility for the administration of grants to state programs providing maternal and child health, crippled children's services, and child welfare services. *See* CHILD WELFARE.

Grants-in-aid to states for maternal and child health services are used to support prenatal and postnatal clinics, well-child conferences, public health nursing services, nutritional and dental health services for mothers and children, school health services, and services for the mentally retarded.

Grants to states for crippled children are used to locate children in need and to provide diagnostic, medical, surgical, corrective, and related services to such children. The Bureau provides advisory and consultant services to public and private child health and welfare agencies, and assists in the establishment of programs of training of workers in its fields of interest. It also participates in a broad program of international cooperation.

Voluntary Health Agencies

Voluntary health agencies are almost unique in this country. They had their beginning with the establishment of an anti-tuberculosis league in Philadelphia back in 1892. Exploiting the particular interests of individuals in various diseases which have touched them or their families, these voluntary agencies have increased so that they now

receive contributions from many millions of people and actually number something over 200,000 if all local units as well as state and national organizations are counted. Some of the larger and better known of these include the National Tuberculosis Association, the American Cancer Society, the American Heart Association, and the National Foundation (formerly the National Foundation for Infantile Paralysis).

Money contributed from voluntary sources to these great organizations has undoubtedly added considerably to the rate at which medical and sanitary science has progressed over the past three decades. It would have been inconceivable during that time that similar support could have been given to medical and public health research through tax monies alone. Notable achievements have already been secured in two major disease fields, with the remarkable decline of tuberculosis as a killing disease during the past fifty years and the provision of an effective and safe vaccine against poliomyelitis which was a result of the worldwide effort.

Cooperative planning in the health field has been enhanced particularly during the past decade by the growth of state and local health councils or health divisions of councils of social agencies. *See* COMMUNITY WELFARE COUNCILS. The National Health Council brings together voluntary and official health agencies and related professional organizations at the national level. *See* NATIONAL ORGANIZATIONS IN SOCIAL WELFARE.

The American Public Health Association, established in 1872, provides a professional organization for workers in public health of all professional disciplines. It numbers approximately 13,000 public health people, including most of the leaders in the field. Its over 200 committees with 1,400 or more individuals perform a useful function in establishing procedural recommendations and standards as well as standards for qualification of experience in different job classifications. Its 48 state and regional affiliates number about 25,000 members in 41 states.

The Association of State and Territorial Health Officers is made up of the commis-

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sioners of state health departments and meets annually with representatives of the Public Health Service and Children's Bureau to provide a continuing liaison with the federal health agencies.

Some Recent Developments

A survey of public health administrators has recently revealed that the ten most important newly emerging health problems include: radiologic health; air pollution; aging; chronic disease; mental health; accident prevention; urban and suburban expansion; financial management; drug resistant infections; and medical and surgical care for the indigent.

With regard to radiologic health, only within the past five years has a program been developed in an increasing number of states for the registration of all sources of ionizing radiation and the training of personnel to handle inspection of those sources. The control of these hazards will require the use of many skills currently existing in health departments, such as those of the epidemiologist (to determine the presence or absence of ill effects from exposure to ionizing radiation), the public health engineer, the industrial hygienist, the radiologist, and the hospital administrator. It also will require certain new types of training for health personnel, particularly in the field of nuclear physics.

The traffic problem has been worsened by the movement of population from urban centers to suburban and "exurban" areas. The effects that this moving out of the city but still staying within a metropolitan area has had on the increasing rate of traffic accidents and on other health and welfare factors have not yet been thoroughly evaluated. For instance, more parents are being separated from their families by the time taken for them to commute to and from work every day. This may well be reflected in some way in our problems of juvenile delinquency and other areas of emotional development in children. There certainly has been an acute problem created by the failure

of suburban areas to keep up with expanding population in the way of water and sewage facilities.

Medical and surgical care for indigent patients has been traditionally, in most states, the responsibility of the department of welfare. However, more and more states are calling on the health department for some participation in these programs either for introduction of preventive technics in the public assistance caseload prior to disability, or in the way of rehabilitative procedures applied to already disabled welfare patients. It would seem that most well-staffed health departments have a great deal to offer in this field of medical care for the indigent; and whether it be on a consultation basis, through direct services, or through the newly developed interdepartmental health council arrangement, full utilization of these skills should be possible. In at least two states, Maryland and Florida, direct service is being provided by the state department of health in the medical care of indigents under a working relationship worked out with the department of welfare. The problem of assuring good quality medical care under any of these government systems becomes more and more important as medical care programs are extended.

The cost of public health services, like everything else, has been going up. The more new technics are available to prevent disease and to encourage better health, the more activities a community can, if it wishes, purchase for that purpose. This may be easy for the newly expanding suburb with increasing land valuations where a county department of health is being supported by a county real estate tax; but it may be much less feasible if the health services are being demanded of a city health department which is still receiving its major source of funds from real estate taxes in a situation where valuations are going down. It may well be that some other method of financing health services will be necessary for metropolitan areas or that special health tax assessments such as are authorized in a number of states may become more prevalent.

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BERWYN F. MATTISON

PUBLIC HEALTH NURSING.* There is general acceptance that public health nursing as one of the organized community services has made worthwhile contributions to life in America today. It has been more difficult to secure a wide acceptance of what public health nursing really is. Recently an interpretive statement was accepted by the membership of the National League for Nursing (NLN) as a more or less official description: "Public health nursing is a field of specialization within both professional nursing and the broad area of organized public health and the knowledges and skills of professional nursing. It is responsible for the provision of nursing service on a family centered basis for individuals and groups, at home, at work, at school, and in public health centers. Public health nursing interweaves its services with

those of other health and allied workers, and participates in the planning and implementation of community health programs."

The foregoing statement pays recognition to professional nursing as the basic preparation, the basic skill, the basic identification. The plus factor is that public health nursing flourishes outside the physical confines of the hospital, which to a large extent is disease-oriented. Although the setting in which the public health nurse works offers special opportunities, it is the permeation of the preventive point of view, the working with groups as well as with individuals, the concern for the greatest good for the greatest number, that are the differentiating elements.

The changing community health picture has had and continues to have a terrific impact on all health services. Recent events and trends have affected public health nursing. To name just a few, accelerated urbanization, population increases in all age groupings and especially in the group over forty-five years of age, development of organized home care programs, emphasis on rehabilitation especially in long-term illness, greater understanding of ways to motivate people to get well and keep well, advances in the scientific field that relate to the prevention and treatment of specific diseases, and the growing recognition that communities have a responsibility to make necessary health and welfare services available to all the people who can benefit from them—all these have resulted in increased need for public health nursing service. See *MEDICAL CARE and PUBLIC HEALTH*.

Need for Public Health Nurses

Since there never has been an adequate number of public health nurses, this shortage, in light of increasing demands, looms as a formidable handicap. In 1956 the National League for Nursing set out to determine the number of nurses that would be needed by 1970 to fulfill the ever-growing responsibilities. A companion study was made in the area of public health nursing.

Several approaches were possible and were weighed for their relative merits. The decision was then made to proceed on the basis

† For addresses of periodicals listed see Appendix. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

* For current or more detailed information the reader is referred to the Department of Public Health Nursing, National League for Nursing, 10 Columbus Circle, New York 19, New York.

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of assumptions related as closely as possible to the facts. A principal assumption was that the standard of one public health nurse to 5,000 population—20 to 100,000—is a desirable and attainable goal. A second assumption was that the population of the United States would continue to grow and that our expanding population would demand more health services of all types and also more comprehensive service. Therefore it is not only a question of meeting the needs of a growing number of people but also of meeting the growing needs of all the people.

A third assumption was that our educational system would be able to graduate a larger number of nurses whose preparation would include an orientation to public health and thus there would be a larger reservoir of qualified nurses to draw upon.

Records about the number of nurses employed and their educational preparation have been available for many years. Hence it was possible to study trends; and by projecting trends and applying the basic assumptions it was found that 40,000 public health nurses would be needed in 1970. This is at least 10,000 more than are employed today. And of those on the job today about one-third are school nurses, unavailable for general community health programs. Many people believe that the estimate of 40,000 is much too conservative and would like to envision developing public health programs utilizing twice that number of nurses.

About 850 newly qualified nurses have been entering the public health field annually, when actually several thousands are needed. The need to prepare a larger number of students in the baccalaureate programs presents a challenge to nursing education.

Education of Public Health Nurses

In recognition of the seriousness of this situation, the board of directors of the National League for Nursing in 1959 decided that within the next five years all collegiate basic schools of nursing that are accredited by the NLN must include preparation for public health nursing in the curriculum. Without doubt this will give a boost to public

health nursing recruitment. It remains to be seen, however, if the field will prove attractive and draw young prepared graduate nurses in the numbers needed.

It is not only that public health nursing requires competence of a high order and a variety of abilities and skills but also that the public health nurse, because she usually works without close supervision, must be creative and to a high degree have the ability to be self-directing.

The public health nurse's "patient" may be an individual, a family, a group of people, or a community—people at home, at school, at work, or in a public health center. The nurse works with people in all socio-economic levels, with all types of educational and cultural backgrounds. Usually she is well accepted and, primarily because of this, she is in a strategic position to plan with other community personnel and to give support to their work in the social and health fields.

Current Challenges

In program planning one of the most important health problems confronting public health nursing is the growing incidence of chronic illness. While chronic disease and aging are not synonymous, the aging population does result in higher rates of long-term illness and disability. The public health nurse is the key community worker in providing continuing service to these people. Often the availability of public health service is the major factor in deciding whether an individual can remain in his own home or must be placed in an institution. The quality of the public health nurse's care of the patient and her instruction to the family largely determine whether modern knowledge and skills in rehabilitation are applied so that the individual and his family live the fullest life possible in the circumstances.

Public health nursing is deeply concerned with preventive aspects also. The difficulty is that little is known about the etiology and epidemiology of the major noninfectious diseases. Programs of research in the area of chronic illness, and stepped-up programs of community education regarding early detec-

tion of disease are greatly needed. And in both of these programs the qualified public health nurse has a fundamental role to play.

Another striking challenge is in the area of mental illness. The great advances made in the diagnosis and treatment of the mentally ill have made it possible for very large numbers of patients who previously might have spent years in institutions to be returned to their own homes after short periods of hospitalization. Public health nurses are being utilized increasingly in visiting families to prepare them for the patients' homecoming and in keeping in touch with the patients when they are sent home. Often the nurse has been known by the family through earlier contacts, which makes her an acceptable visitor at this difficult period in family life.

Achievements and Goals

In 1957 a working committee of the National League for Nursing prepared a statement summarizing the highlights of accomplishments of the past and restating what currently constitutes good administrative practice in public health nursing service. Readers who are interested in historical developments and in more detailed facts than are presented in this account will find it helpful to secure a copy of *Public Health Nursing: Achievements and Goals* from the National League for Nursing.

Public health nursing has developed along a consistent pattern. It began by offering a greatly needed service of part-time bedside nursing care to the sick at home, at first primarily to those unable to pay for care. This type of service has been added to and enriched as other needs became apparent.

At an early date it was recognized that the public health nurse had a special contribution to make in the field of health education—in the care of mothers and infants, in the prevention of disease and disabling conditions, in the promotion of emotional, social, and mental health.

Public health nursing today is financed by patients' fees, fees paid by an interested third party—such as an insurance plan—, by tax monies, and by contributions. There is com-

mon agreement that ability to pay is not a proper determinant of need for nursing care at home, and most communities (but not all, especially in the rural areas) have provided public health nursing service for the sick on a cost basis. If individuals or families cannot pay full fees, adjustments for partial payment or for free service are made. The nurses may be employed by a governmental unit such as a local or state health department, by a board of education, or by a voluntary organization, most usually called a visiting nurse association. In some sections of the country the several groups have combined their interests and resources to provide one service. In other sections, coordination may be secured in other ways. However, it is freely acknowledged that it is desirable to coordinate programs so that the most economical service can be provided with the least amount of duplication and with the fewest gaps. The near future should see further experimentation and modification in administrative patterns of providing public health nursing programs to communities.

Public health nursing has always been fortunate in having the support of interested citizens. The advances have come about mainly through the happy partnership of nurses and community representatives working together for a common goal. In the National League for Nursing, citizens hold membership on the same basis as professional nurses, and their responsibilities and privileges are also the same. It is these interested citizens who have been vocal in saying what kind of public health nursing they want in their own communities, and it is similar groups of citizens who should be vocal in determining what service they will have in the future.

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HEDWIG COHEN

PUBLIC RELATIONS OF SOCIAL WELFARE. The public relations function in a social welfare agency embraces everything that helps or hinders the agency's being known, understood, liked, used, and supported. Its content ranges from the organization's very name and symbol to its total program planning. Properly employed, the public relations function enters into every area of agency performance.

Public relations as a management function, a concept now widely recognized by industry, has yet to achieve universal acceptance in the field of social welfare. In most agencies the distinction between public relations (which influences policy) and publicity (which announces policy) is overlooked. However, particularly in the national agencies, recent years have seen a growing awareness of the larger scope of public relations and a corresponding rise in the status, responsibilities, and influence of the public relations practitioner.

Full-time staff public relations positions exist in most national organizations as well as in many of the larger local agencies. Community chests and united funds which have sizable goals employ a public relations staff for the campaign and often retain part of this staff for year-round interpretation. In smaller communities, as in smaller agencies, the pub-

lic relations function is usually assigned to a board committee which serves in an advisory capacity to the organization's professional head and sometimes undertakes specific projects on its own.

Content of Public Relations Job

Whether assumed by a staff specialist, a volunteer, a committee, or the agency executive, the usual content of the public relations job in social welfare is: ascertaining and analyzing community attitudes toward the agency, its weaknesses and strengths; selection of specific publics to be reached; formulation and production in appropriate form of the message to be gotten over to these groups; skilled use of mass media; technical assistance to staff and board members in preparation of written and spoken material; participation with other community agencies in joint efforts to tell the social welfare story; consultation service for newspaper, magazine, book, radio, and television writers on the practices of the agency or its particular sphere of work; and stimulation of these media to use welfare material. Implementation of these tasks calls for specialized skills in writing, reporting, editing, graphics, design, production, and the techniques of communication.

Agencies which understand the broader function of public relations add to the foregoing a responsible voice in policy-making so as to anticipate the impact of the agency's actions on its public image and community standing.

Training Facilities

In the absence of widespread facilities for professional training in welfare public relations, most practitioners come to social agencies from the newspaper, advertising, promotion, magazine, radio, or television fields.

While in recent years schools of social work have placed greater emphasis on the public relations component of such subjects as administration and community organization, the New York School of Social Work is the only one to offer a group of courses as well as

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field work in public relations. The social work schools of Boston College, University of Tennessee, New York University, and University of Pennsylvania are among those which give elective public relations courses.

Training in public relations as a generic field applicable to a variety of settings continues to show some progress. Boston University has a school of public relations; Bethany College in West Virginia and Nasson College have departments; eleven colleges and universities provide for a major in public relations; 78 offer one or more courses.¹

The growing concern of social workers with the status of their profession (see next section) has engendered a new respect for the techniques of mass communication and a willingness to recognize public relations as a specialized and valuable discipline. There is thus a growing demand for training in public relations. To help meet this demand, a number of colleges and universities offer evening courses in public relations techniques for non-profit organizations. In mid-1959 discussions were under way between the Yeshiva University School of Social Work and the newly formed American Jewish Public Relations Society to develop a method for introducing public relations content into first-year social work courses.

Recent Trends and Developments

To appreciate the significance of recent trends and developments requires both a brief historical perspective and an understanding of the scope of social welfare services as they exist today.

The original concept of social welfare rested on the assumption that a clearly defined upper class would assume responsibility for a sharply differentiated lower class, while a self-sustaining middle class remained uninvolved. Interpretation was thus keyed to the "Lady Bountiful" theme.

Although the unprecedented flattening out of social levels during the past quarter-century has been reflected in the enormous spread of

welfare programs, public understanding of the change has not kept pace with the realities. There remains more than a trace of the old-fashioned belief that the rich provide for the poor despite such facts as these: (1) The \$423,000,000 raised in 2,100 community chest and united fund campaigns in 1959 came from 26,700,000 contributors. (2) Voluntary social and health agencies represented in these campaigns served 77,400,000 persons, many of them identical with the contributors. (3) Among the contributors, 3,300,000 persons gained close familiarity with welfare organizations by working as campaign volunteers. (4) More than 500,000 persons serve on boards of directors of welfare agencies; an estimated 10,000,000 others have intimate contact with agencies as volunteers in their service programs. (5) Vast as is the sum raised through voluntary gifts, it is dwarfed by federal, state, and local expenditures of tax funds for public welfare programs.

Clearly, there is no longer a small and select audience for the social welfare message. Virtually every person in the nation has a stake in social welfare as taxpayer, giver, recipient, or worker. *See CITIZEN AND VOLUNTEER PARTICIPATION IN SOCIAL WELFARE.*

1. *Who and what is a social worker?* A prominent society woman dies. She has been a board member of her local family agency and community center. Her press obituary begins: "Mrs. X, well-known social worker, died yesterday."

A bright young high school graduate gets a clerical job coding case records in a county welfare organization. His friends say: "Johnny? He's a social worker."

A housewife spends an afternoon a week helping out as a volunteer in a day nursery. What is she doing? "Social work."

Lack of clarity in public understanding of social work as a trained discipline is only one aspect of the problem which has depressed status and stunted recruitment in the profession. In addition to confusion as to *who* is a social worker, there is the even more troublesome question of public attitudes toward *what* the profession represents.

A feature writer on a metropolitan news-

¹ The Public Relations Society of America publishes an annotated list of colleges and universities offering public relations courses.

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paper² presented her view of this problem by saying: "Generally, I've found, social workers present themselves in three major ways: as members of a priesthood—as practitioners of a craft—as dedicated and highly trained members of a worthy profession."

The profession is harmed, she said, when social workers "treat their clients like demented children, . . . treat most non-social workers with condescending tolerance, and . . . treat newspaper reporters as spies from an enemy country!"

An equally stinging portrayal was the article "Social Work: A Profession Chasing its Tail" by Marion K. Sanders which appeared in *Harper's*, March 1957. The "priesthood" attitude came in for a major share of attention, but the article also roundly criticized social work training, practice, supervision, client relations, conferences, language, and desire for status.

Within the profession itself, considerable controversy was evoked by publication in a social work journal of a first-person article relating in popular magazine style a day in the life of a caseworker.³ The reactions⁴ from family agencies ranged from enthusiasm over "a much misunderstood profession portrayed with warmth, wit and intelligence" to dismayed disapproval of "a serious misrepresentation" whose tone "is flip and hostile."

Taking cognizance of both unfavorable external opinion and the lack of internal agreement, the National Association of Social Workers made a significant approach toward both these problems by establishing in 1957 a Commission on Public Attitudes Toward the Social Work Profession.⁵ The Commission's program includes a research project to pinpoint existing public attitudes and the development of a statement defining

the image of the social worker which the profession would like the public to hold.⁶

A bland, somewhat superficial, but generally positive depiction of the profession was widely disseminated by the New York Life Insurance Company in an institutional advertisement, "Should You be a Social Worker?" as part of a series on careers published in a number of national magazines in 1958.

2. *Lost in the crowd.* At the same time that social work as a profession gropes toward establishment of an integrated public image, social agencies are engaged in a struggle to maintain their individual identities in the face of ever more inclusive federation in fund-raising.

In the three years from 1956 to 1959 the number of communities which had united funds (those which include one or more national health campaigns in addition to local services) rose from 821 to 1,217, leaving about 900 which campaigned for local services only.

One national agency executive has suggested that the "depersonalization of services" resulting from ever-larger "packages" of agencies might be partially overcome if, instead of one campaign a year, united funds were to conduct three campaigns—one for health agencies, another for youth and recreation services, and a third for casework and kindred agencies.⁷

Surveys and public opinion polls conducted by various chests have shown repeatedly that most givers do not know what agencies they are supporting through their once-a-year contributions; where they do know an organization's name, they are often uninformed or misinformed about its work and purpose.

3. *The affirmative approach.* An important change has taken place in recent years in the theme used by social welfare to portray its goals and services. The accent is less and less on human distress and misery, more and more on "plus" values. Thus, health campaigns stress hope instead of fear, agencies

² Kitty Hanson of the *New York Daily News*, addressing the 1959 Alumni Conference of the New York School of Social Work.

³ Belanger, Kay, "Portrait of a Family Counselor," *Family Service Highlights*, December 1958. Originally published in somewhat different form in *Canadian Welfare*, June 15, 1958.

⁴ *Family Service Highlights*, February 1959 and April 1959.

⁵ See Glasser, Melvin A., "Public Attitudes Toward the Profession: What Shall They Be?" *NASW News*, August 1958.

⁶ See also Kendall, Katherine and Ernest Witte. "How to Smash a Stereotype," *Community*, December 1956.

⁷ Allen, Martha F., "Does Mass Support Mean Mass Understanding?", *Family Service Highlights*, July 1956.

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giving family service emphasize personal adjustment rather than broken homes, recreation services feature the happy child going to camp rather than the bedraggled victim of social ills. Simultaneously, the light touch grows in acceptance; cartoons have come to replace documentary posters designed to arouse shock or pathos.

Along these same lines, the growing acceptance of the idea that no stigma is attached to the use of community services has led to increasing use of "real" clients in interpretation. Not only the health organizations but also the casework agencies, which have most ardently defended confidentiality, have begun to capitalize on the willingness of those helped by the organization to testify publicly.⁸

Although tentative efforts in this direction have been successfully attempted in many parts of the country, the casework agencies continue to move cautiously, aware that for the most part they have yet to acquire the public relations skills needed "to present the client in a manner which does not deprive him of self-respect and . . . [give] him the kind of protection which is his right."⁹

4. *Studying strengths and weaknesses.* An important barometer of public relations consciousness is the increasing frequency of surveys to measure public attitudes and to evaluate the effectiveness of interpretative practices.

In mid-1959 the National Publicity Council (see "Service Organization," *infra*) began exploratory discussions with the Boston University School of Public Relations for development of a booklet to guide social agencies in evaluating their public relations needs and programs. The National Health Council, the National Recreation Association, and the American Foundation for the Blind are among the national agencies to hold extensive clinics and workshops on defining public rela-

tions problems and devising ways of reaching specific publics.¹⁰ The United Hospital Fund of New York employed Elmo Roper and Associates to discover what the public thought, felt, and misunderstood about hospitals.¹¹

Along different lines, the newly organized American Jewish Public Relations Society undertook as one of its first projects a study of salaries and personnel practices affecting public relations practitioners employed by Jewish social and communal agencies. The eight-page questionnaire also explored the respondent's specific duties, staff status, and professional qualifications.

Many national agencies issue public relations kits and manuals for the use of their local affiliates.¹² Some have also provided affiliates with materials drawn from the increasing volume of literature issued by industry on public and community relations. The latter¹³ often contain valuable hints on how a social agency and a local industry can make common cause in building a better community.

5. *Use of mass media.* Traditionally, social welfare interpretation has rested on news and feature articles in the press, the publication of agency brochures, annual reports and newsletters, the use of the spoken word before interested groups, and, to reach larger audiences, radio interviews and spot announcements.

Currently, audio-visual materials are receiving increasing emphasis. Although television is admittedly today's most potent force in mass communication, its opportunities for

¹⁰ An extensive *Handbook in Public Relations* detailing the proceedings was subsequently published by the Foundation.

¹¹ *The Public's Attitudes Toward Hospitals in New York City and Their Financing*, available from the Fund, 3 East 54th Street, New York 22.

¹² Among them the American Cancer Society, American Red Cross, Arthritis and Rheumatism Foundation, National Board of the YMCA, National Travelers Aid Association, and United Community Funds and Councils of America.

¹³ For example: *May We Quote You?*, Standard Oil Company (New Jersey); *Diagnosis and Decision—A Philosophy of Public Relations*, Health Information Foundation; *Our Job*, Reynolds Metals Company; *Your Personal Public Relations*, Good Reading Rack Service; "Fund-Raising Public Relations," *Spot Magazine*, May 1957.

⁸ See Weingarten, Victor, "Breaking the Barrier of Confidentiality," *Child Welfare*, April, 1958; Weingarten, Victor, "The Community Agency and Its Responsibility to the Community," *ibid.*, March 1957; Chevlin, Myron R., "Our Client Held a Press Conference," *Family Service Highlights*, April 1956.

⁹ Graham, Henry M., *Some Basic Ethical Principles in Public Interpretation*. Biennial meeting, Family Service Association of America, April 1959.

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relaying the social welfare story have not been adequately utilized. This is due partly to social work's uncertainty regarding the image it wishes to project, partly to the exigencies of the TV medium, which understandably places a higher premium on dramatic values than on accurate reflection of social service techniques. With occasional exceptions, the use of social agency material by television has been stalemated by agency fears over violation of confidentiality and unwillingness to tolerate dramatic license. When television has moved ahead without benefit of agency consultation, the result has often been protest and dissatisfaction on the part of social workers.

Some notable exceptions to this experience justify the hope that social welfare and television will ultimately find a satisfactory *modus vivendi*. A major CBS documentary, *Out of Darkness*, produced in 1956 and rebroadcast on a number of occasions by the network and its stations, was universally hailed as an important contribution to public understanding of the mentally ill. It was co-sponsored by the National Association for Mental Health. For a number of years the National Legal Aid Association, in partnership with commercial sponsors, was represented by a weekly dramatic program, *Justice*. The Girl Scouts of the United States of America in 1958-59 financed and produced a series of ten television programs on the hand arts in cooperation with NBC and the National Educational Television and Radio Center. In early 1959 a Playhouse 90 production, *In Lonely Expectation*, was regarded by many as a major breakthrough in presenting the problem of unwed mothers. United Community Funds and Councils of America and the Child Welfare League of America served as professional consultants to the network on this.

The National Social Welfare Assembly, through an active Committee on Public Service Broadcasting,¹⁴ serves as a clearing house of ideas and projects to stimulate closer working relations between television and the social welfare field. It has produced a number of handbooks to assist in this process.¹⁵

¹⁴ Formerly Committee on Education by Television.

¹⁵ National Social Welfare Assembly, *Guide to a*

Films have shown steadily growing popularity as a medium of social welfare interpretation. *A Place to Live*, produced by the National Committee on the Aging in 1955, was so successful that the Committee in 1959 launched into the production of five additional films on the subject of preparation for the later years. The Council on Social Work Education was preparing, in mid-1959, to produce a film aimed at recruiting young people into the profession. *The Deep Well*, a film interpreting foster placement of children, won national and international honors as a documentary. It was produced in 1957 by the Child Welfare League of America and the Jewish Child Care Association of New York.

In an unusual category was the film *You're It*, produced by the Girl Scouts of the USA in 1958, on the subject of public relations itself. It illustrated how the unconscious attitudes of an organization's workers help or hinder the organization's public standing.

National magazines, especially those aimed at women, play an important role in welfare interpretation. Notable articles appear frequently in such publications as *Ladies' Home Journal*, *McCall's*, *Redbook*, *True Story*, and *Woman's Day*.

6. *Climate of acceptance*. By and large, the climate for social welfare in recent years has been favorable. Social services have been so well integrated into the fabric of American life that they are taken for granted, although politically inspired attacks on public assistance programs flare up from time to time. Charges of "relief chiseling" are periodically made in various cities, usually accompanied by a clamor for publication of relief rolls or a move to enact more stringent residence laws, but these generally fail to have a lasting impact on public opinion.

Sturdy support of public services by volun-

Television Training Institute (1957), *Successful Television Programs for Local Agencies* (1957), *Trends We'd Like to See* (1959). A useful thumbnail guide to the principles of agency use of television is contained in a report, *The Baltimore Conference*, summarizing the observations of Wallace Kendall, chairman of the Assembly's Committee on Public Service Broadcasting, on the 1958 Westinghouse Broadcasting Company's Conference on Local Public Service Programming.

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tary community organizations helps greatly in counteracting attacks on the vulnerable public agencies. Sometimes, as in a recent instance in Baltimore, the voluntary agencies carry the fight to the public. The Maryland State Conference of Social Welfare, angered that food allowances for families on relief had not been increased in five years, invited top state and local governmental officials to a luncheon at which the food served cost 20 cents per person, the amount allowed by existing relief budgets for lunch. The 20-cent luncheon overcame apathy and aroused action where other efforts had failed.¹⁶

Service Organization

The principal clearing house of ideas, information, and advice on public relations for social agencies is the National Publicity Council for Health and Welfare Services. Its membership of almost 2,000 includes governmental and private agencies as well as individuals. The Council issues the newsletter *Channels* which serves as a valuable source of news, trends, and leads. It also periodically issues practical "how-to-do-it" manuals and guides, provides specialized public relations packets, and offers the services of a panel of consultants and other aids to public relations planning. Another Council function is to provide leadership for public relations institutes conducted under the auspices of national, state, and local agencies.

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PUBLIC WELFARE.* Public welfare is used today as the comprehensive term for a wide variety of governmental social and financial services to individuals and families. These are provided by federal, state, and local governments, either individually or through a combination of levels of government. The programs encompass extensive variations in patterns of administration and financing. Basically the programs are either state-administered or locally administered under state supervision. The 50 states, the District of Columbia, and the territories all have public welfare programs which provide services to individuals and families in their own communities. Thus public welfare in the limited sense has come to be associated primarily with the particular services encompassed by the various state and local public welfare agencies.

In a broader sense the term public welfare is used to cover related fields which may or may not be under the direct administration of the public welfare agency of a given state or local governmental unit. These other pro-

grams include such aspects of government as probation, parole, specialized juvenile delinquency programs, and the operation of many types of institutions. Also included are governmental resources for groups with special handicaps, whether physical or mental, and the large-scale rehabilitative and preventive services which accompany modern programs for such groups.

Public welfare for the purposes of this article is considered primarily in terms of the more limited definition given above and relates directly to those activities carried on through tax-supported programs by state and local departments of public welfare, with or without federal financial participation. As such it includes in most instances public assistance (old age assistance, aid to the blind, aid to dependent children, aid to the permanently and totally disabled, and general assistance); assistance and other services to specialized groups, such as veterans, the mentally ill, Indians, migrants, and disaster victims; and a variety of other specialized assistance programs varying by locality or in time. Also included in many public welfare agencies are child welfare services, such as adoption, licensing of children's institutions and foster homes, day-care, foster family care, services to delinquents, and counseling services for families; domiciliary care for the aged and infirm, day centers for older adults; homemaker services for both children and the aged; and a wide range of medical care programs.

Historical Background

The history of public welfare in the United States has its roots largely in the Elizabethan poor laws of 1601. These laws were the basis for Colonial governments accepting some limited responsibilities for persons with highly specialized problems. This experience directly affected the acceptance of governmental responsibility within the individual states as they were established in the early days of the American republic. Basic responsibility was placed upon local governmental units

*Information regarding current developments in public welfare may be obtained from the Social Security Administration, Department of Health, Education, and Welfare, Washington 25, D. C., and the American Public Welfare Association, 1313 East 60th Street, Chicago 37, Illinois.

to make minimum provisions for persons without means of support or with special problems of such severity that obligation had to be accepted by the community. Not only did local governmental authorities limit the amount of aid provided from public funds in so far as possible but also legislation was enacted which strictly defined legal settlement. That unit of local government in which an individual could claim legal settlement had ultimate responsibility. Today's welfare programs, not excluding the public assistance programs, are still handicapped by the definitions of legal settlement set forth in statutes of an earlier day.

In general two types of assistance were made available: (a) provision of meager grants in cash, or often of assistance in kind, for people who could eke out an existence in their own or other homes; and (b) placement in local institutions known as almshouses, county homes, poor farms, or by comparable designations. Persons of all ages, with a wide variety of handicaps and individual problems, were placed in these local institutions, which in general provided a grossly substandard level of care.

With the gradually increasing recognition of the special needs of persons with certain types of handicaps, with the growing fiscal ability of local governments to provide more adequate care for specialized groups, and with the assumption of increasing responsibility at the state level for various types of services, a considerable number of state charitable institutions were established during the early nineteenth century. These included juvenile reformatories, schools for the deaf and the blind, and state institutions for the mentally ill. Soon after the initiation of these institutional programs the first state agencies, which were the forerunners of the present state departments of public welfare, began to be established. Among the states which pioneered in this area were Massachusetts (1863), New York (1867), Ohio (1867), Illinois (1869), North Carolina (1869), Pennsylvania (1869), and other states with smaller populations. These early state agencies,

though limited in staff and finances, gradually expanded their functions to conform to the broadening concept of public welfare responsibilities at the state level and as legislation increased their statutory powers.

Because of the growing concern on the part of many groups throughout the country for the welfare of children in particular, the United States Children's Bureau was established in 1912, marking the acceptance by the federal government of substantial responsibility for protecting and promoting the interests of children. The Children's Bureau stimulated enactment by states of legislation for the protection of children and furnished leadership in the development of increasingly broader child welfare programs both within the states and in other countries.

Meanwhile individual states were forging ahead in the direction of expanding programs of public welfare at the state level. The first two states to establish departments of public welfare along the general lines of the contemporary statewide patterns were Illinois and North Carolina, both of which enacted basic legislation in 1917. Other states took similar action shortly thereafter so that by the depression of the early 1930's there were in operation 16 state departments of public welfare, 9 boards of control, 14 supervisory boards, and 6 child welfare agencies under the aegis of state government. It was these organizations along with others quickly established in the various states that attempted to absorb the impact of extensive unemployment and the consequent widespread destitution which rapidly became a burden too great for the resources of private welfare agencies and local government.

As the federal government recognized the magnitude of the problem and the inability of the individual states to meet the resulting needs, it took a series of important actions. The first step was the passage by the Congress of the Emergency Relief and Construction Act of 1932, making funds available to the states for relief and relief work. This was followed within the next few years by a number of federal relief and work programs,

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including establishment of a variety of specialized agencies. These agencies provided experience in handling relief problems on a nationwide basis and also laid the groundwork for continuing federal participation in a broad program of public welfare. Out of the depression-born experiences came the basic philosophical concepts with regard to responsibility of the federal government which serve as the framework for the present federal-state program of public welfare. *See DEVELOPMENT OF SOCIAL WELFARE PROGRAMS IN THE UNITED STATES in PART ONE.*

Social Security Act

The enactment of the Social Security Act in 1935 marked the assumption by the federal government of continuing responsibility in the public welfare field and the acceptance of a large share of the cost of public welfare programs as carefully defined in that Act. The Social Security Act required a central state agency in each state to administer each of the public assistance programs or to supervise their local administration. If the latter, the program must be mandatory upon all local governments. These provisions, and the exercise of federal leadership in their implementation, resulted both in the development of statewide programs and in the strengthening of existing state agencies so that today every state has a well-established public welfare department. Public welfare services are provided through a partnership of federal, state, and local governments.

The Social Security Act was amended with respect to public assistance in 1939, 1946, 1948, 1950, 1952, 1956, and 1958. These amendments have brought the Act into conformity with broadening concepts of the responsibility of the federal government in the areas involved. The most extensive amendments were enacted in 1950, 1956, and 1958. Those provisions of the Act which are defined generally as public welfare include measures providing for federal financial participation under specific formulas (not detailed here) in old age assistance, aid to dependent children, aid to the blind, and aid to the permanently and totally disabled;

provision is also made for funds for child welfare services. *See PUBLIC ASSISTANCE and CHILD WELFARE.* Other provisions of the Act which are not generally administered under a public welfare agency include provisions for child health programs, for unemployment compensation, and for old-age, survivors, and disability insurance. *See PUBLIC HEALTH and SOCIAL INSURANCE.* The extensive hearings before Congressional committees which have preceded enactment of all major changes, together with the recommendations of special commissions to study the several programs from time to time, are highly significant in reflecting both the conditions which have brought about major amendments and also the gradually changing philosophy with regard to the role of the federal government in public welfare.

Administered originally in the federal government largely by the Social Security Board, the reorganization plans of 1939 and 1946 brought the public welfare functions of the federal government and other related services together under the Federal Security Agency. This Agency in turn, after many years of effort, was raised to Cabinet status through the creation of a Department of Health, Education, and Welfare, effective April 11, 1953. Within this Department, the two Bureaus which have responsibility for federal programs and funds affecting all of the state welfare departments are the Bureau of Public Assistance and the Children's Bureau, with the Children's Bureau having extensive responsibility in the field of child health as well as of child welfare. These two Bureaus along with other responsibilities are part of the Social Security Administration within the Department. The federal administrative organization involves nine regional offices with each regional office responsible for the federal government's role in the programs in a specified group of states.

Because of their importance to the evaluation of public welfare today, the pertinent amendments to the Social Security Act in 1956 and 1958 may be briefly summarized as follows:

The 1956 amendments included provision

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for an increase in the federal share of public assistance; the setting up of earmarked funds for medical care programs for recipients of public assistance; authorization for federal grants for training of personnel in the public welfare field; authorization for federal grants for research in social security; emphasis on self-support and self-care and strengthening of family life as objectives of the appropriate public assistance programs; extension of the aid to dependent children program to cover additional children; increase of federal funds for child welfare services.

The 1958 amendments included the beginning of a variable grant program for determining the federal share of a state's expenditures for public assistance; matching on the average expenditure per recipient for both money payments to recipients and vendor payments for medical care; federal participation up to an amount equal to \$65 per month times the number of aged, blind, and disabled recipients in the state and equal to \$30 times the number of recipients of aid to dependent children; improvements in provision of federal funds for Puerto Rico and the Virgin Islands, and the inclusion of Guam. The effect of these changes is an increase in the amount of federal funds available for public assistance, simplified fiscal procedures, and greater flexibility on the part of states in meeting the needs of individuals and families.

Significant changes in 1958 in child welfare services included an increase in the federal authorization from \$12,000,000 to \$17,000,000; authorization for child welfare services for children in urban areas on the same basis as services to children in rural areas; a formula for allotment of federal funds related to total child population and state per capita income; state and local matching funds beginning with the fiscal year 1960; broadening of provisions for care of runaway children; and authorization to re-allot federal funds not to be used by a given state to other states. In addition, the 1958 provisions included the establishment of an Advisory Council on Public Assistance and an Advisory Council on Child Welfare Services, each to report to the Secretary of Health,

Education, and Welfare and to the Congress on or before January 1, 1960.

General Principles

In order to give direction to the goals of public welfare, representing large states and small, the American Public Welfare Association periodically releases statements on federal legislative objectives. In its most recent statement, the following general principles provide a summarized policy position: (a) contributory social insurance is a preferable governmental method of protecting individuals and their families against loss of income due to unemployment, sickness, disability, death of the family breadwinner, and retirement in old age; (b) public welfare programs should provide effective services to all who require them including financial assistance and preventive, protective, and rehabilitative services, and these services should be available to all persons without regard to residence, settlement, or citizenship requirements; (c) the benefits of modern medical science should be available to all; and to the extent that individuals cannot secure them for themselves, governmental or other social measures should assure their availability; and (d) democracy has a special obligation to assure to all the nation's children full and equitable opportunity for family life, healthy growth, and maximum utilization of their potentialities.¹

State and Local Public Welfare Agencies

Despite basic federal legislation with respect to programs and the same legislative provisions for federal financial participation in all state public welfare programs, subject to the new equalization provisions indicated above, there continue to be wide differences in legal responsibilities and in the organization of state public welfare departments. These differences are due in major part to historical reasons affecting the development of individual states; to the extent to which various social welfare services are available through other agencies, both governmental and voluntary; to the philosophy of states

¹ See American Public Welfare Association, *Federal Legislative Objectives*, 1959, p. 2.

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with regard to the division of responsibility between the state and its counties; and to the extent to which states are both willing and able to accept legal and financial responsibility for expanded services to individuals and families.

In any attempt at coverage of state welfare administration it is important to recognize that there is not only the administration of the program at the state level and the operation of what is today in the various states one of the major state departments, but also that there are the many administrative relationships with the federal government in the several cooperative programs, on the one hand, and the supervisory or direct administrative relationships with local welfare agencies, on the other. Hence administration of public welfare programs today is complex and involves a broad gamut of administrative practice.

Just as there is a wide range in organization and administration in programs of public welfare at the state level, so there is considerable variation at the local level, whether the program is state administered or locally administered under state supervision. While the diversities in organization and financing may make administration of public welfare more complicated, they at the same time promote demonstration and experimentation leading toward increased emphasis on the skills required in large public welfare programs and generally promote the advancement of social services under governmental auspices.

To consider all local public welfare agencies as a group does not give full recognition to the differences among them. They range from small counties with a single person responsible for the public welfare program to large city and urbanized county departments which have staffs and finances far in excess of those of some of the smaller, more rural states. In the partnership of local, state, and federal agencies for the administration of public welfare, however, the local units play a significant part in policy formation and the major role in determining not only whether the services which the total public welfare

program is set up to provide are actually available to citizens of the county or community but also the quality of services rendered. Here it is that casework as it is defined and practiced is of crucial significance. See SOCIAL CASEWORK.

Public Welfare Services

While it is helpful and desirable for the serious student of public welfare administration to be able to cut across the various programs which fall within both the definition of public welfare and a much broader approach to public social services to analyze the issues and methods, the general public continues to interpret public welfare in terms of specific programs and services. The core programs were of the following scope as of January 1959:²

1. *Old Age Assistance.* This program, in operation in all states, provided financial assistance in January 1959 to 2,445,000 persons aged 65 years and over who met the eligibility requirements of the various states. These persons included 159 out of every 1,000 persons 65 years of age and over, with the number per thousand varying widely from the highly industrialized states with extensive coverage under old age insurance to the low-income agricultural states where financial need continues to be much more extensive in this age group. For the nation as a whole, the total number of recipients of old age assistance has been slowly declining since late in 1955 despite the increasing number of aged persons. The average monthly payment in January 1959, including vendor payments for medical care, was \$64.54.

2. *Aid to Dependent Children.* The aid to dependent children program was also in effect in all states in January 1959 when 763,000 families, containing approximately 2,878,000 persons and including 2,207,000 children, received this type of aid. The children represented 34 out of every 1,000 children under the age of 18 years, with somewhat higher-than-average numbers receiving aid to dependent children grants in the economically

² See *Social Security Bulletin*, U. S. Department of Health, Education, and Welfare, April 1959, p. 31 ff.

poorer states which also tend to be the states with the higher proportions of children in the total population. The increase in recipients of aid to dependent children has been steady during recent years, reflecting population changes, serious unemployment conditions in many sections of the United States, increasing family breakdown, and the impact of rising costs of living, among other reasons. The average payment per family for January 1959, including vendor payments for medical care, was \$106.92.

3. *Aid to the Blind.* Aid to the blind, also administered in all states, provided financial assistance to approximately 110,000 needy blind persons in January 1959 at an average payment of \$68.30.

4. *Aid to the Permanently and Totally Disabled.* The program of aid to the permanently and totally disabled, established through the 1950 amendments to the Social Security Act, is administered in 48 jurisdictions. Financial assistance was provided under this program to 329,000 persons in January 1959 at an average payment of \$63.00. Like aid to dependent children, the caseloads in the aid to the permanently and totally disabled program have been increasing steadily over a period of many months.

5. *General Assistance.* In contrast to the foregoing programs of financial assistance, general assistance to all other needy persons, to the extent that it is available, continues to be financed entirely by states and localities without federal participation. In 16 states it remains entirely a local responsibility. Unemployment in 1959 not only led to a significant increase in the numbers receiving general assistance but also highlighted the inadequacy of many state and local general assistance programs. In January 1959, payments averaging \$68.50 per case³ were made to approximately 466,000 general assistance cases.

6. *Medical Care.* Changes in federal legislation in 1956 and 1958 have had a sharp effect in increasing state programs for medical care for public assistance recipients. By June

30, 1958, 41 state agencies in 37 states were providing medical care with federal participation through vendor payments for one or more of the categories of public assistance. Hospitalization in particular has been provided as a result of the availability of federal funds for vendor payments.

Vendor payments for medical care for public assistance recipients, including general assistance, amounted to over \$34,000,000 in January 1959.

7. *Child Welfare Services.* Current trends in the child welfare field reflect increased emphasis by both state and local welfare agencies upon services to children in their own homes. Increasingly there is better balance between the protective and preventive services needed by children in their own families and programs for adoptive placement, foster home placement, and institutional and other care of children outside of their own homes. More attention to homemaker service as an effective means of strengthening the child's family situation; the development of day care services under a licensing authority, particularly for children of working mothers; increasing concern for the needs of children of migrant workers; and growing recognition and strengthening of programs for the special needs of adolescents in difficulty are illustrative of the rapid broadening of services to children through public welfare agencies.

While federal funds for child welfare services, only \$12,000,000 in 1958-1959, represent a relatively small part of the total governmental expenditures by states and localities for such services, they are of great significance in helping to expand and strengthen such services.

8. *Services to the Aged.* A steady development of programs to meet the needs of the increasing numbers of older people, who must have specialized social services as well as financial assistance, is found in the various states. There is a gradually developing clarification of needed services and recognition of the fact that a broad program of services is essential to meet the varying needs of older people, just as a broad program of services is essential in the child welfare field. Em-

³ Excluding vendor payments for medical care, in contrast to the federally aided public assistance programs.

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phasis is being placed not only upon subsistence grants but also upon medical care, specialized living arrangements, homemaker services, day centers, and other provisions.

In general, public welfare agencies in most states are offering a gradually widening range of social services to meet the increased demands for such services under governmental auspices. This is resulting not only in more services available to a wide variety of individuals and families receiving financial assistance but also in the extension of such services increasingly to persons who are not in financial need.

The developments outlined above are strongly tied in with state and local government not only through participation in financing but also through the wide use of state and local public welfare boards. These boards, generally advisory or policy-making but not administrative, have substantial influence in determining the scope and progress of public welfare programs.

Public Welfare in Other Countries

Public welfare programs in other countries go back more than 70 years to the first compulsory social insurance act in Germany in 1883. Recent years, especially since World War II, have seen much growth in public welfare agencies on an international basis and marked improvement in the programs which have existed over a period of years.

Programs of public assistance and family and child welfare have developed or are making a beginning in the large majority of countries. These national programs are being accelerated by the growth of governmental international social work agencies. The work in the United Nations through its Economic and Social Council (ECOSOC) and the Social Commission of ECOSOC, the Division of Social Welfare of the United Nations, the United Nations International Children's Emergency Fund, and the work of the Organization of American States and the International Labor Organization are indicative of the growth of international organizations. Of particular significance to public welfare in the United States is the growing emphasis

internationally on the relation of the social insurances and the public social services. See CANADIAN SOCIAL WELFARE and INTERNATIONAL SOCIAL WELFARE.

White House Conferences

Current developments in the public welfare field must take into account the White House Conference on Children and Youth to be held in March 1960 and the White House Conference on Aging scheduled for January 1961. While these conferences involve both lay and professional participation and cover a wide range of fields, the preliminary activities leading to these conferences and the emphases in the conferences themselves are significant in terms of the evaluation of present services through public welfare and in planning for expansion and strengthening of public welfare programs in the years ahead.

Current Trends

While the foregoing pages have summarized the current situation in the public welfare field with respect to federal legislation, administrative patterns, caseloads, average payments to needy persons, and developments of specialized areas, it is appropriate to summarize additional areas of current development or changing emphasis.

The character of the caseloads in public assistance is changing as the expansion of the social insurances becomes increasingly more significant. The proportion of the old age assistance caseload whose grants are supplemental to old age insurance is rising. The percentage of children whose need for aid to dependent children grants is due to the death of the breadwinner has declined sharply due to survivors insurance benefits. At the same time desertion or absence of parents due to other reasons has been an increasing cause of need for assistance. Such changes, along with population and other trends, have resulted in aid to dependent children replacing old age assistance as the largest public assistance program in terms of numbers served.

The general assistance program has been given added significance by its expansion to

meet needs not covered by the federally aided programs in areas experiencing severe unemployment. Such increase has both highlighted the inadequacy, or total lack, of general assistance in many areas and stimulated interest in another federal category to fill the gaps in the present public assistance programs.

Although comprehensive reporting has not been initiated, there is much factual evidence of increased emphasis by state and local welfare agencies upon an increasing range of services other than the money payment for recipients of public assistance. Of at least equal significance are the expanding public social services available to individuals without financial need, especially children and the aged. Available services are protective, preventive, or rehabilitative in character as the needs of the individual dictate.

Emphasis upon an expanding program of services is directly associated with the demand for more well-trained social workers in public welfare agencies. Increasing attention to educational leave and inservice training programs is nationwide. Such activities are being focused on requirements of administrative and supervisory personnel as well as of staff in the various casework classifications.

Demonstration projects are proving valuable as integral parts of a comprehensive public welfare program. They are pointing the way toward more effective use of staff with special skills, resulting in the development of new techniques for the so-called "hard core" cases, and indicating the social and economic values of helping people to help themselves in so far as possible.

There is growing awareness of the research needs of this extensive area of public service. With the welfare of millions of people involved and with increasing costs from public funds, concern is mounting for an adequate research program centered both on the basic causes of dependency and on more effective development and evaluation of current programs. See RESEARCH IN SOCIAL WORK.

A further significant current trend is the widespread interest in public relations, with emphasis upon techniques for interpretation and recognition of the close relationship be-

tween public understanding and an adequate program of public welfare services. Through this interest and also as a result of the growing stress on community organization, public and voluntary agencies are increasingly clarifying their areas of responsibility and the opportunities for cooperative effort. This in turn leads to more effective utilization of existing resources, both public and voluntary. See PUBLIC RELATIONS OF SOCIAL WELFARE and COMMUNITY ORGANIZATION FOR SOCIAL WELFARE.

Generally speaking, the trend is toward more state responsibility for the non-federal costs of public welfare. This in turn means a gradual shifting toward state administration as contrasted with local administration. Concurrently there is the trend toward more comprehensive programs of public welfare services as state welfare agencies seek to provide a wider range of services needed by individuals and families who turn to the public social services for help. The best measure of the progress toward a comprehensive public welfare program is found in a direct comparison of services, as provided by law, available today and a decade ago.

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ELLEN WINSTON

RECREATION is an activity or experience that a person engages in during his free time because he wishes to do so and with no outside compulsion of any type. He recreates to meet inner desires and urges for enjoyable, creative activity, self-expression, and relaxation; to achieve immediate and direct satis-

factions. Recreation is an activity engaged in for its own sake and not for any reward beyond itself. The attitude which characterizes participation determines whether it is recreation.

Recreation which is socially acceptable and personally profitable has many corollary values. It is an effective informal educational process. It contributes to physical fitness, mental health and emotional stability, safety, and personality growth, and provides constructive outlets for aggressive compulsions. Appropriate recreation activity, tailored to the needs and desires of the individual, helps build the integrated personality so necessary to withstand successfully the strain and stresses of modern living.

There are today a variety of factors which make recreation of greater and greater importance to the individual and to our society as a whole. Steadily increasing leisure gives more time for free choice of activities—be they constructive or destructive. The stresses and strains of modern living and international tensions require acceptable outlets; the increasing boredom of increased mechanization of work processes demands offsetting opportunities for satisfying activity. Our rising standards of living, increased years of education, increased life span, and earlier retirement from work are other important factors demanding increased attention to the use of leisure time in recreation, in community service, and in worship and other religious activity.

The pursuit of happiness was recognized by the founders of our country as one of the basic rights of a free people. The recreation movement, whereby satisfying leisure-time opportunities are made available for all the people, has been called the nearest approach to a practical program for keeping alive a philosophy of happiness. Because recreation contributes to rich and satisfying living it has attained widespread recognition as an essential factor in the life of the individual, community, and nation.

Recreation activities vary as widely as the interests of a single individual throughout his lifetime, and are as diverse as the interests

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of different people. However, certain activities are considered as recreation because they yield satisfaction to large numbers of people. They include games and sports, arts and crafts, music and drama, social activities, dancing, nature, camping, outing pastimes and travel, hobbies, diversions associated with reading and conversation, and civic and special events. Many of them are enjoyed by both spectators and participants. Some can be engaged in by a single individual, others involve group participation. Most of them are more satisfying when shared with others.

Development of Recreation

Before 1900, community efforts to furnish play opportunities were relatively few. With the turn of the century cities began establishing children's playgrounds and recreation parks, and school buildings were opened for community use. As leisure increased, community recreation programs were expanded to include activities for all ages, conducted the year round. People began to look upon organized recreation as a social and community responsibility. Recreation departments were established to provide local facilities and services, and properties were acquired and developed for diversified recreation use. Cities appropriated funds for recreation leadership and extended leisure-time opportunities through public libraries, museums, and other educational and cultural services. These developments occurred because recreation was found essential to the public welfare and was widely recognized as a proper concern of the municipality. Municipal recreation made possible participation on a democratic, inclusive, economical basis.

Two world wars and a major depression made their impact upon the recreation movement. Recreation activities provided by national agencies for the Army and Navy during World War I paved the way for the expanded development of local programs during the 1920's. The depression years caused a reduction in locally supported recreation, but hundreds of localities benefited by federal emergency programs which provided leadership, funds, and facilities on an unprecedented

scale. World War II likewise necessitated curtailment of local programs, but in many war camp and industrial communities recreation facilities and programs were established or expanded, often with federal funds. Recreation so proved its value during the war years that the movement gained greater impetus than ever after hostilities ceased.

Recreation services or facilities have also been developed by several federal departments. Many state governments have acquired and developed large areas for recreation use and have established recreation services for local communities.

Paralleling the growth of public recreation has been the expansion in recreation services rendered by voluntary agencies, such as settlements, youth-serving agencies, boys' and girls' clubs, scout and campfire organizations, youth hostels, and similar groups. Recreation programs have been provided by many industrial plants, churches, service clubs, and women's organizations. In every community private groups have been formed—some under national auspices—to foster participation in sports, outing activities, hobbies, music, or other forms of recreation. Possibilities of furnishing recreation for profit have stimulated the development of huge commercial recreation enterprises.

Recreation Properties

Recreation areas, buildings, and facilities, differing widely in size, location, and function, serve a wide range of uses. Publicly owned areas vary from tiny playlots serving preschool-age children to national parks and forests affording vacation facilities for all. They contain buildings such as the playground clubhouse, multiple-use recreation building, sports arena, teen-age and old-age centers, little theater, nature museum, and crafts center. Many industries and labor unions maintain athletic fields, clubhouses, and camp sites. Voluntary agencies have constructed buildings containing gymnasiums, swimming pools, auditoriums, craft and club rooms, and other recreation facilities. Elaborate centers for swimming, camping, golf, and other outdoor sports have been estab-

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lished by commercial interests, which also operate motion picture theaters, bowling establishments, dance halls, and other buildings.

A system of properly located areas, adequate in size, suitably developed, and related to the city plan, is essential to a well-balanced community recreation program. The neighborhood playground and playfield, often located in relation to elementary and secondary schools, respectively, afford necessary facilities for the day-by-day, year-round program. Other types are the recreation park, reservation, special sports areas such as the golf course, swimming center, camp, athletic field or stadium, museum site, parkway, zoological or botanic garden, and neighborhood park. These areas contain such facilities as game courts, baseball and softball fields, golf courses, outdoor theaters, wading and swimming pools, hiking and bridle trails, band shells, toboggan slides, ski jumps, and skating rinks.

Increasingly, recreation areas are located and developed in relation to the city's master plan. A widely accepted standard for permanently dedicated recreation space in a city is one acre for each one hundred of its present and estimated future population. Some authorities believe that metropolitan regions should have an additional acre of extra-urban park and recreation property for each 100 persons in the region. Other standards call for one acre of neighborhood playground space per 800 population and an equal amount of playfield space, although recent proposals recommend larger amounts. One tennis court per 2,000, one softball diamond per 3,000, and 45 square feet of swimming area per 100 population are suggested facility standards.

According to the 1956 *Recreation and Park Yearbook*, a total of 1,907 cities and counties reported more than 20,000 park and non-school recreation areas comprising nearly 750,000 acres. Among the community recreation facilities reported upon, some of which are on school property, are more than 18,000 playgrounds conducted under leadership, 14,000 recreation buildings and other indoor centers, 1,497 camps, 478 golf courses, 3,063 bathing beaches and swimming pools, 10,833 picnic areas, and 21,190 baseball and softball

diamonds. Attendances in 1955 recorded at playgrounds, buildings, and indoor centers exceeded 607,000,000.

Federal and state properties serve primarily for tourist, vacation, and week-end recreation. The National Park Service administers over 180 areas totaling 24,000,000 acres and including magnificent scenic areas such as Yosemite, Yellowstone, and Grand Canyon. In 1958, they attracted nearly 59,000,000 visitors. Facilities in the national parks include 14,000 camp sites, riding and hiking trails, picnic sites, boat docks, and museums. Federal forests comprising 180,000,000 acres in 1958 attracted 68,500,000 visitors who came to picnic, swim, fish, hunt, ride, ski, toboggan, or vacation in them. Refuges of the Fish and Wildlife Service, with about 17,500,000 acres, provide recreation for 9,000,000 fishermen, hunters, and nature observers. At reservoirs built by the Corps of Engineers and the Bureau of Reclamation affording facilities for fishing, boating, picnicking, swimming, hiking, and camping, 1958 attendances totaled nearly 116,000,000.

Forests, parks, game refuges, and other like areas owned by the states are reported to exceed 39,000,000 acres. State parks numbering more than 2,216 and totaling 5,247,682 acres are most extensively used for recreation; 1957 attendances totaled 216,780,266, or more than double the number reported in 1946. Picnic centers, camping facilities, swimming areas, nature trails, and museums are the most numerous and popular state park features.

Recognition of the importance of recreation to the country by the Congress of the United States is evidenced by its passage in 1958 of two laws—one the creation of the Outdoor Recreation Resources Review Commission and the other establishing the National Cultural Center as a Bureau of the Smithsonian Institution.

The purposes and objectives of the Act creating the Outdoor Recreation Resources Review Commission as set forth in the Act are to (a) preserve, develop, and assure accessibility to all American people of present and future generations such quality and

quantity of outdoor recreation resources as will be necessary and desirable for individual enjoyment, and to assure the spiritual, cultural, and physical benefits that such outdoor recreation provides; (b) inventory and evaluate the outdoor recreation resources and opportunities of the nation, to determine the types and location of such resources and opportunities which will be required by present and future generations; and (c) make comprehensive information and recommendations leading to these goals available to the President, the Congress, and the individual states and territories.

The National Cultural Center is designed to (a) construct a building for the Smithsonian Institution, and from funds raised by voluntary contributions to be designated as the National Cultural Center; (b) present classical and contemporary music, opera, drama, dance, and poetry from this and other countries; (c) present lectures and other programs; (d) develop programs for children and youth and the elderly (and for other age groups as well) in such arts designed specifically for their participation, education, and recreation; and (e) provide facilities for other civic activities at the National Cultural Center.

These expanding public resources, together with the recreation properties provided by voluntary agencies and private interests, represent a tremendous investment in outdoor and indoor facilities designed for the recreation of the people.

The appointment of the President's Council on Youth Fitness and the consideration being given to recreation in the plans for the 1960 White House Conference on Children and Youth and the 1961 White House Conference on Aging are further indications of the increased interest and activity of the federal government in recreation.

Leadership

Quality of the leadership employed by recreation agencies, more than any other factor, generally determines success of their programs. Recreation leaders are employed by industries, churches, institutions, housing authorities, and private clubs, as well as by

recreation departments; youth-serving agencies use personnel with recreation skills; and the Veterans Administration and American National Red Cross employ a large recreation staff in veterans and armed forces hospitals. Several state departments have created positions requiring persons with recreation training and experience; uniformed and civilian recreation personnel also serve the Department of Defense.

Municipal recreation programs require diversity of leadership personnel such as recreation superintendents, general supervisors, specialists in sports, crafts, music, dramatics, and the like, directors of playgrounds and indoor recreation centers, camp counselors, play leaders, lifeguards, and swimming instructors. The number and types depend upon the nature and scope of the program. Personnel standards outlining desirable personal, educational, and experience requirements for various positions have been widely adopted. Employment of competent recreation leadership on a full-time, year-round basis is essential to development of well-rounded community recreation programs.

In 1955, a total of 2,164 municipalities employed 76,878 recreation leaders, 8,385 of them on a full-time, year-round basis. Professional leadership is supplemented by an expanding corps of volunteers who assist paid workers in a variety of tasks. About 165,000 individuals served as recreation volunteers with public recreation agencies in 1955. Many individuals find volunteer service a satisfying form of leisure-time activity.

Recreation is rapidly establishing itself as a profession. Salaries of recreation personnel have increased steadily within the past decade and residence requirements are less widely applied. Civil service standards, state certification, and registration are receiving increasing consideration. Recreation personnel is organized into professional groups whose membership rolls are growing. The recreation program is still retarded, however, in cities that employ unqualified personnel or rely entirely on seasonal or part-time workers.

College graduation is considered a prerequisite to satisfactory service in most rec-

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recreation positions. However, the available number of recreation graduates greatly diminished during the early 1950's, due in part to the competition for graduates among the professions and a diminishing GI program. In 1951, there were 692 graduates from 53 colleges and in 1956, only 444 from 36 colleges and universities. This situation stimulated an accelerated national program of recruitment for the recreation field. This campaign has had good results as shown by the fact the recreation graduates increased to 683 from 61 institutions in 1958. This supply will ease the replacement problem but the number must be greatly increased to fill the mounting number of new positions with adequately trained personnel.

A new favorable factor is the establishment by municipal recreation departments of internships, now in their third year. Fourteen former interns are now placed in responsible recreation positions and 8 are now in training in Milwaukee, Philadelphia, Oakland, and Fort Lauderdale, Florida. Also, two states have established recreation internships in state hospitals. The Department of the Air Force has implemented a new concept of on-base recreation under trained civilian recreation directors. About 60 such recreation directors have been appointed to date.

Many institutions of higher learning and state and local recreation agencies conduct training institutes and provide inservice training programs. The National Recreation Association through its specialists provides training services to localities throughout the country. National voluntary youth-serving agencies and local councils conduct comprehensive training programs for their own professional and volunteer personnel.

Programs

Widely differing local, climatic, racial, social, and economic conditions make variations in programs necessary and desirable. Generally accepted criteria, however, include operation the year around, equal service to all ages and both sexes, and provision of a wide range of diversified activities. Programs in many communities, especially small ones, are

still limited to operation of a summer playground, school center, or swimming pool; some are restricted by inadequate, poorly equipped properties; shortcomings are sometimes due to overemphasis on games and sports, on activities for men and boys, or on services to a particular age group. Progress has been made in program enrichment, however, through greater emphasis upon cultural activities, hobby interests of young people and adults, and co-recreational activities.

Community recreation programs commonly include the activities listed below.

1. Arts and crafts, music, and drama. These activities have a wide appeal and yield direct and lasting satisfactions to individuals engaging in them. Through them, latent talents are developed and creative faculties find expression. Arts and crafts have a prominent place in playground and indoor center programs. People paint, model, sketch, or engage in various crafts in special centers established in many cities. Photography and amateur movie making have attained great popularity in several cities.

Music interests and skills developed by public schools in children and youth are carried into later life through participation in choruses, bands, group singing, choric speaking, orchestras, rhythm bands, community singing, music appreciation, and study groups. Community drama ranges from informal activities such as charades, impersonations, story acting, and dramatic stunts to more highly developed forms such as puppetry, radio and TV drama, pageantry, and play production. Playwriting, costume design, making of scenery and properties, make-up, lighting, and direction afford outlets for varied talents and interests. Drama is often combined with other arts in festivals, carnivals, Christmas celebrations, historical pageants, and other community-wide events.

2. Nature, camping, and gardening. Recreation leaders increasingly conduct activities that bring people in close contact with nature. Nature trails and guiding services have been established in national, state, and city park systems. Recreational and educational possibilities of museums, botanic gardens, zoos,

and reservations are realized through field trips, hobby clubs, and the employment of nature specialists. Many individuals make a hobby of raising flowers or vegetables. Development of youth hostels that provide overnight accommodations for young people has encouraged bicycling and hiking trips in several regions.

Camping facilities developed by local, state, and federal authorities, by youth-serving agencies, and by private individuals for profit are increasingly used the year around. Crafts, swimming, nature, and outing activities that utilize resources of the camp environment are stressed in camp programs. Day camping in readily accessible areas is a growing feature of municipal recreation programs.

3. Athletics and sports. Athletic games and sports attract more participants and spectators than any other feature of the community recreation program. Team games, such as football, baseball, softball, basketball, volleyball, soccer, and field and ice hockey are promoted extensively; recent nationwide promotion of junior competition has resulted in a striking increase in interest in team sports for boys. Water sports lead all others in number of participants, and winter sports have had a steady growth. Individual sports, such as archery, bicycling, shooting, badminton, horseshoes, tennis, and golf, are popular co-recreation activities. Fishing, hunting, and boating rank high in popularity among those who seek adventure in the out-of-doors.

4. Social recreation. Sociability and fellowship are factors in many forms of recreation. Dances, game parties, dinners, picnics, and club activities have a place in the program of most recreation groups. Social recreation plays an important part in co-recreation programs, teen-age centers, and "golden age" programs. Game rooms, lounges, and snack bars encourage informal social activities at many indoor centers.

Supplementing these community-wide services, public and other recreation agencies furnish special activities for persons in specialized groups or situations, such as employees, families, residents of large housing developments, the ill and handicapped, re-

tarded children, members of the armed forces, schools, and rural groups.

Finance

Expenditures for public recreation systems have risen rapidly in recent years. In 1955 a total of \$378,422,214 was spent by municipal and county recreation and park authorities in 2,381 municipalities. Of this amount, \$93,000,000 was spent for land, buildings, and other capital outlays. Salaries and wages for recreation leaders accounted for \$62,000,000. Recent expansion in recreation resources is indicated by capital outlays totaling \$313,000,000 during the five-year period 1951-1955. Much of this came from funds authorized by bond issues totaling nearly \$159,000,000 voted during this period.

Almost 87 per cent of the recreation service of local government agencies is financed from public tax funds, through general appropriations, special tax levies, bond issues, or special assessments. Expansion of services and resulting costs have brought about an increasing tendency to charge fees for special activities and services; about 12 per cent of all 1955 expenses was met through receipts from fees and charges. Only 1 per cent of the 1955 expenditures came from gifts from individuals and organizations and contributions from community chests, service clubs, and associations.

Varying local conditions and resources as well as expanding interests and demands make impracticable the uniform application of an expenditure standard for public parks and recreation. In general, however, an annual expenditure of \$6.00 per capita is believed necessary at present cost levels to provide a comprehensive community recreation program and maintain a well-balanced system of areas and facilities. This figure does not include money needed for capital outlays. Of the total, \$1.50 per capita is the recommended expenditure standard for recreation leadership. Most cities fall short of meeting these standards.

Leisure-time, recreation, and group work agencies participating in community chests throughout the United States annually receive

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between 35 and 40 per cent of the total funds raised through federated campaigns.

Municipal Recreation

From its small beginnings in the late 1800's municipal recreation has become the primary, comprehensive recreation service for all the people. It includes the provision of leadership, facilities, and equipment for a diversified organized activities program. It also comprises areas and facilities such as parks, picnic areas, swimming pools, beaches, golf courses, and museums where general supervision is provided but where use is largely unorganized.

Legal authorization for the establishment and operation of municipal recreation is found in three-fourths of the states in so-called home rule legislation empowering municipalities to conduct recreation programs and appropriate funds therefor. These laws generally include authorization to acquire and equip land, conduct activities, employ personnel, and designate or appoint administering authorities. Local implementation is accomplished through ordinance, resolution, or charter provision. In other states local recreation programs were established under broad general powers relating to public welfare or special legislation relating to parks, schools, or specific municipalities.

Experience has indicated that successful operation requires (a) a legally created, responsible managing authority, preferably a board or commission; (b) a full-time executive with adequate trained and qualified assistants; (c) a year-round program serving people with various recreation interests without restriction as to age, race, religion, or economic status; (d) effective development and use of all public property suitable for recreation; (e) an ample segregated recreation budget; (f) cooperative relationship with public, voluntary, and private agencies concerned with planning for the people's leisure; (g) democratic citizen participation in the development of plans for areas, facilities, and programs.

Of the local and county authorities reporting some form of recreation or park service in 1955, those combining recreation with park functions and those administering recreation

as a single function were most numerous and approximately equal in number. Of 913 agencies reporting at least one full-time, year-round leader in 1955, 531 administered recreation as a single function, 282 combined park and recreation services, and 45 were school agencies.

The recreation auspices, leadership, major facilities, and 1955 expenditures of eight typical localities appear in the table on page 505.

National Recreation Agencies

The development and growth of municipal recreation are due in no small measure to the services of the National Recreation Association. Established in 1906 as the Playground Association of America, this organization has furnished active leadership in the promotion and guidance of the movement. Its purpose is that every child in America may have a chance to play and that all persons, young and old, may have an opportunity to find the best and most satisfactory manner of using leisure time. To this end its field workers advise communities on the organization and administration of recreation programs, conduct training institutes, make studies, and prepare plans for recreation systems, areas, and facilities. The Association acts as a clearinghouse for information on recreation problems, publishes literature including the monthly magazine *Recreation*, co-sponsors the annual National Recreation Congress, conducts district conferences, maintains a placement service and an International Recreation Service, conducts research, and cooperates with governmental and voluntary agencies.

The American Recreation Society, a national professional organization established in 1938, strives to improve standards of recreation leadership, program, and facilities, exchange information, and channel the currents of opinion into creative lines. The Society's activities include publication of a quarterly magazine and news bulletins, co-sponsoring the National Recreation Congress, holding of state conferences, and committee projects.

Rapid expansion of recreation agencies and services necessitated development of coopera-

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tive efforts at local, state, and national levels. Local interagency cooperation is fostered through recreation committees of community welfare council agencies, youth committees, and other groups. Interagency or interdepartmental recreation committees representing various state agencies concerned with recreation facilitate cooperation on the state level. They are patterned somewhat after the Federal Inter-Agency Committee on Recreation

for consultation and action on youth problems, also exemplifies cooperative planning and action.

Other national agencies and organizations directly or indirectly related to recreation are: American Association for Health, Physical Education, and Recreation; American Camping Association; American Institute of Park Executives; American Society of Foresters; Athletic Institute; National Conference on

SELECTED RECREATION STATISTICS
FROM 1956 RECREATION AND PARK YEARBOOK

	Type of Managing Authority	Population (Estimated)	Paid Leaders Full- Time	Others	Play- grounds Under Leader- ship	Bldgs. and Indoor Centers	Current Operating Expendi- tures
Leonía, N. J.	Recreation Commission	8,000	2	52	2	3	\$21,498
Highland Park, Michigan	Recreation Commission	47,000	3	62	10	9	117,511
Madison, Wisconsin	Board of Education	100,000	8	300	33	14	183,358
Richmond, Virginia	Department of Recreation and Parks	240,600	45	150	34	29	973,489
Seattle, Washington	Park Department	555,000	73	152	62	24	1,991,933
Los Angeles, California	Recreation and Park Board	2,000,000	262	632	96	84	8,959,098
E. Baton Rouge, Parish, Louisiana (County)	Recreation and Park Commission	210,000	12	63	30	10	437,722
Baltimore County, Maryland	Board of Recreation	350,000	9	362	51	75	213,896

with a membership representing several federal agencies. The Federation of National Professional Organizations for Recreation, with nine active and two consulting member agencies, affords a means for consultation and cooperative action on the national level for professional membership organizations.

The Education-Recreation Council of the National Social Welfare Assembly, composed of federal and national voluntary agencies concerned with leisure-time and informal education, is another informal conference body, which meets to exchange information and study common problems. The Assembly's Youth Division, representing national agencies with a youth membership and formed

State Parks, and the National Industrial Recreation Association.

Developments and Trends

Among the more significant recent trends and developments are these:

Striking increase in number of local tax-supported recreation systems, especially in small towns and cities, and in budget increases for operations and capital expenditures.

Establishment of county recreation systems and park and recreation districts, making possible extension of recreation services to small communities and rapidly expanding fringe areas.

Development of watersheds, forests, large

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parks, and reservations for recreation uses, especially group and family camping, boating, picnicking, fishing, and related activities. Utilization of resources of public and private agencies, local and national, to serve recreation needs of armed forces personnel and their families.

Program emphasis on cultural activities, co-recreation, special provision for aged and youth; growing interest in water and winter sports.

Widespread recognition of the potentials of recreation among members of the medical and health professions and resulting increase in recreation services for the ill and handicapped.

Gradual development of a body of scientific knowledge on recreation based upon controlled study and research and of marked increase in available literature on all phases of recreation.

Cooperative planning and action by city and school authorities in acquisition, financing, development, management, and use of properties designed for both school and community recreation use.

Marked interest in preparation and use of long-range area and facility plans, related to comprehensive city and regional planning, as prerequisites to the acquisition of properties designed to provide recreation for city residents and rapidly growing fringe areas.

Widespread acceptance of the public recreation department as the central recreation agency providing basic recreation services to all the people.

Tendency to combine the administration of parks and organized recreation service under a single department.

Appreciable rise in the quality of recreation personnel and salary scales; also growing interest in registration and state certification.

Sharp reversal of the downward trend in college graduates with recreation major and the need for an even greater recruitment effort to provide trained personnel for the ever increasing number of new positions.

Establishment of recreation internships by public recreation departments and state hospitals.

The provision of broad recreation programs for Air Force personnel and their families administered by trained civilian recreation directors.

The greater acceptance of recreation responsibility by the federal government as expressed by the establishment of the Outdoor Recreation Resources Review Commission and the National Cultural Center.

Mounting concern accompanied by an increasing public opposition to threatened encroachments on already inadequate recreation areas, as sites for fire and police stations, highways, schools, and other nonconforming purposes.

Modification of state recreation enabling legislation to meet changing conditions and needs; also marked expansion in state recreation services, administered by widely diversified agencies.

Appraisal and modification of policies relating to public recreation services in southern cities, resulting from 1955 decisions of the United States Supreme Court. Several cities now make available to all citizens golf and other facilities previously operated on a segregated basis. Others have closed certain areas and facilities. State and local reactions to decisions on parks and recreation generally follow reaction to school decisions.

Unusual equipment and facility developments, construction methods and materials, such as creative playground apparatus, plexiglas and aluminum swimming pools, plastic pipe artificial ice skating rinks, and indoor-outdoor swimming pools.

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RESEARCH IN SOCIAL WORK. Research may be defined as systematic investigation intended to add to the common store of communicable, verifiable knowledge. Research in social work deals with problems which are encountered in social work practice, which are solvable through research, and which are appropriate for investigation under social work auspices. Research in social work is not sharply set off from research in public health, social insurance, recreation, and other forms of social welfare; from research in other "helping" professions; or from research in the social sciences. Sharp delimitations, if they could be made, would serve no useful purpose. Some of the problems encountered in

social work would require major advances in the basic sciences for their resolution and consequently would be inappropriate for research in social work. Values and goals, in the last analysis, cannot be established by scientific inquiry, but research may clarify the issues.

The goal of research is to contribute to knowledge. Knowledge used in the practice of social work is drawn from many sources—from the biological and social sciences, from research and accumulated experience of other professions, from the accumulated experience of social work itself, and from research in social work. Many factors have operated to inhibit development of an adequate research program in social work. The potential contribution of research in social work to the body of knowledge used in the field has not been realized (8). Social work has developed under pressures of desperate human needs for services from a profession that believed, at any given time, that it possessed more knowledge than it had the resources to apply. Hence, much potential research effort has gone into studies intended more to obtain community support for services than to obtain verifiable knowledge about the exact extent and nature of needs. During the past ten years or so, there has been increasing interest in extending and validating theory through research as the profession has tended to appraise its knowledge more critically and as social workers have observed the gains achieved through research in other fields.

Research in social work seeks knowledge for use in social work. Recognition of utilitarian ends does not imply that research to serve them need be less rigorous and scientific than research ("pure" research) that is designed without reference to practical use. However, if too narrow a view is taken, the utilitarian ends themselves may be defeated. Unfortunately, much research effort in social work has suffered in this way. As Schwartz has pointed out, "because the problems to which most social work research is directed are both immediate and specific, the product tends to be particularistic and ephemeral.

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As a consequence the bulk of social work research findings do not affect general social work knowledge or practice.”¹ If studies of the “immediate and specific” were sound methodologically and conducted along similar lines, their findings could be accumulated to provide the basis for broader generalizations by subsequent investigators. Hence, better organization of effort is greatly needed in social work research. Recent developments suggest a trend toward concentration of research effort on better planned and more significant studies.

Types of Research in Social Work

The methods employed in social work research are not distinctive. To a large extent they are methods developed in the broader field of social research. Recent years, however, have seen methodological advances in social work research: in problem formulation, in study design in general, in use of scaling techniques, and in sampling and statistical analysis. Considerable interest has recently been manifested in use of professional judgments in social work research (40) including those made by the worker carrying the case (12, 42). No textbook focused on contemporary methods in social work research has been published, but one is in process of preparation under the auspices of the Social Work Research Section of the National Association of Social Workers.

Jahoda, Deutsch, and Cook, working in the field of social relations, have classified research on the basis of the major intent of the investigation (23, p. 28). They distinguish (a) formulative or exploratory studies, (b) descriptive or diagnostic studies, and (c) experimental or hypothesis-testing studies. Exploratory and descriptive studies are often necessary antecedents to hypothesis-testing. Except as hypotheses are systematically tested, however, the process of research—that is, the application of scientific method—is essentially incomplete. Although relatively few experimental studies have yet been made in social

work, the trend appears to be toward more rigorously designed research.

Several classifications of social work research have been proposed. One by Philip Klein (25) has often been cited:

1. Studies to establish, identify, and measure the need for service.
2. Studies to measure the services offered, as they relate to needs.
3. Studies to test, gauge, and evaluate results of social work operation.
4. Studies to test the efficacy of specific techniques . . . of offering service.
5. Studies in methodology of research.

A single study may, of course, be directed to more than one of these ends.

More recently, Ernest Greenwood has developed a classification with two major divisions, *operational* research and *basic* research. In Greenwood's scheme, operational research comprises descriptive statistical studies, studies to develop planning information, and studies to obtain information for administrative purposes. Basic social work research seeks more abstract and general knowledge and “deals with the core of social work, viz., its principles of practice and its value assumptions” (16).

Perhaps the two most insistent recurring questions in the field have been: (1) “What are the needs?” and (2) “How effective are the services?” These two questions have resulted in the most concentrated methodological work.

Measurement of need, and indeed defining the concept of need itself, has received much attention (28). Among various approaches to the study of need (52) are the development of indexes (55), the use of conventionalized standards, measurement of the demand for service, and estimations of potential demand through opinion-polling techniques.

The attention given to evaluation of services in social work should be viewed in the context of interest in evaluation of various therapies (51). Bernstein's work on evaluative criteria for group work (6) appeared at about the same time that Hunt and his associates reported their work on the develop-

¹ Schwartz, Edward E., “Social Work Research,” *Social Work Year Book* 1951, p. 508.

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ment of a scale for measuring movement in casework (20, 21). Beginning interest has recently been manifested in evaluation of community organization practice. Approaches to evaluation have been diverse (18, 26, 49). To date no satisfactory solution has been found to the problem of providing appropriate and adequate controls in order that the actual effects of the service alone may be evaluated (1). Some notable attempts to introduce control groups have been made (29, 33).

Of particular methodological interest are two recent studies in which the practice situation was experimentally simulated for study of practitioner responses. Miller varied instructions to social work students viewing the sound film of an interview (30). Brieland collected judgments from child welfare workers who listened to tape recordings of interviews with adoptive applicants (9).

Promising beginnings have also been made in administrative research. An experimental study conducted in two family agencies made a comparative evaluation of three different systems of case recording (13). The Bureau of Public Assistance has worked to apply quality-control methods in public assistance administration (32). A time-and-cost study in Philadelphia represented primarily an attempt to develop methodology for this type of administrative study (19), and studies in two children's agencies by Schwartz and by Wolins developed work-unit analysis for administrative use (45).

AUSPICES AND SUPPORT OF RESEARCH

The Service Agency

Individual voluntary agencies and local public agencies only occasionally have the resources to undertake substantial research projects. They do from time to time engage in study of their caseloads to answer specific and limited questions for administrative purposes. Individual workers occasionally engage in explorations that represent the beginnings of clinical research, and this work is sometimes published. Promising leads thus opened up are, however, seldom followed through and tested more rigorously.

On occasion, the individual service agency does undertake significant research. Examples of agency-sponsored investigation could be cited in the various functional fields. Some few agencies have maintained programs of research, and two examples will be mentioned here.

The Institute of Welfare Research of the Community Service Society of New York, established in 1939, has for many years been a source of stimulation and leadership, particularly in evaluative research in social casework. The work of Hunt, Kogan, and Blenkner on the Movement Scale (20, 21, 27) had importance not only in developing a practice-rooted instrument for evaluative research but also in demonstrating the potential value in social work research of the judgment of the practitioner. Continued work related to the Movement Scale has developed methods of rating components of movement or of adjustment (41). Although research related to measurement of movement has occupied the prominent place in the Institute's program, various other studies have been published. A study of short-term cases including follow-up of clients was published in 1957 (42), and a follow-up study of clients of the agency's Youth Bureau was recently completed.

Over a number of years, another service agency, Marriage Council of Philadelphia, has engaged in a program of research which has involved collaboration of psychologists, psychiatrists, and social workers. This work, too, has involved measurement of movement (35) and follow-up of clients in order to evaluate results of service (2, 3, 39).

Although the two agencies cited probably have the best-known programs of research, many other agencies have acknowledged responsibility to conduct research. Opinion is divided on the appropriateness of direct-service agencies as auspices for research (17, 34). Certainly few agencies have the resources to maintain continuing programs of research; yet it is through such programs that the most substantial gains are likely to be made.

On occasion, special services have been established as demonstration projects, with a

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research objective inherent in the organization of the service. Recent youth services intended to serve the "hard-to-reach" in New York (31), Boston, and Chicago have had major research emphases. A notable example of a service established exclusively for research purposes was the Cambridge-Somerville Youth Study (33). A project that promises to be a landmark in research in social work was the organization, in 1955, of the Special Services for the Aging of the Community Service Society of New York. Under the direction of Margaret Blenkner, the research and service aspects of this experimental program were integrated. Applicants were assigned randomly to alternative treatment programs in order to evaluate relative effectiveness, and a "non-applicant" sample was also studied. In contrast to this carefully designed project, the research component in demonstration projects has often been too little and too late. An account of their apparent results may be plausible, even persuasive, but not scientifically convincing.

Direct-service agencies also contribute to research in the field in two important ways: (a) by maintaining statistical systems and (b) by permitting access to their operations. In its simplest form, such cooperation may entail only making existing records available for study. But it may also involve some modification of usual recording or production of special records for research purposes. In its most complex form, cooperation requires modification of usual operations for research. The service agency may increasingly be called upon for the latter types of cooperation. Involvement of the direct-service agency is indispensable to the development of research in social work. Obviously, little research on practice is possible without the participation of the service agency.

Welfare Councils and Funds

As research and fact finding constitute the basis of sound community organization, substantial masses of data are continuously utilized in community planning by councils and chests. Research methods are used in obtaining these data, but how much research is

done depends on how research is defined. If the intent to contribute to general knowledge is the criterion, then most of the fact-finding activities of these agencies do not qualify as research, nor is research appropriate when the need is for existing factual data, for simple inventories of services, and so forth. Most of the larger councils have established research departments that are responsible for supervising the collection of service statistics of local agencies, for supplying data for community chest budgeting and campaign use, for analyzing census tract data, for reporting trends in social services, and for a wide range of consultative service, as well as for undertaking special surveys or studies (22).

Taken together, local councils and chests are able to report a considerable number of special studies for annual listing (43). The studies reported vary greatly in subject, in scope, and in quality.

The major and persistent purposes of studies conducted or sponsored by local chests and councils are to determine need for services, to measure existing services in relation to need, to derive estimates of unmet need for service, or to establish priorities of need. Welfare councils are tending to use a greater variety of research techniques in their studies and to incorporate more scientific methods, especially in sampling design.

The large-scale project most frequently conducted under the auspices of local welfare councils or chests has been the community survey.² Typically, the community survey included more than one functional field in social work and often embraced the whole range of welfare and health services. Typically also, the survey was conducted by outside experts who estimated needs and evaluated local resources to meet them. An example of the comprehensive community survey of the more or less classic type is one conducted in Boston some years ago (14).

² The first great community survey in the United States, it should be noted, was conducted in Pittsburgh and was financed by Russell Sage Foundation before the council and chest movement even began. Typically since their development chests and councils have provided the auspices for community welfare surveys.

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In recent years, there has been a shift toward self-study techniques, with outside experts used as consultants but with primary responsibility carried locally. Community surveys involve research methods, but they vary in the extent to which they are primarily research—with the goal of obtaining reliable knowledge—or primarily community organization—with the goal of involving community leaders in the study process to develop public understanding and support for the expansion or reorganization of services.

National Agencies

Both public and voluntary national agencies have been instrumental in encouraging and supporting research in social work. In addition to sponsoring research directly, their activities in support of research have been manifold. They have cooperated with other agencies in sponsoring studies. They have made members of their own staffs available to conduct studies or to serve as consultants. They have served as information centers with respect to findings and methods of research completed and in progress in their fields of interest. They have coordinated statistical reports from local agencies and have analyzed and reported operating statistics. They have published research reports separately or in their journals, or have reviewed or listed research reports. Recently both the Child Welfare League of America and the Family Service Association of America have reiterated their major concern for the accelerated development of research (4, 53).

National voluntary agencies have not maintained continuing programs of research under their own auspices. Usually, special funds and special staff have been obtained to conduct major studies. Some examples are the study of adoptions by the Child Welfare League of America (38), the curriculum study of the Council on Social Work Education (*See EDUCATION FOR SOCIAL WORK*), and the study of psychiatric social work conducted by the American Association of Psychiatric Social Workers (5). A study of aid to dependent children followed another pattern and was carried on by the Institute for Re-

search in Social Science of the University of North Carolina, though sponsored by the American Public Welfare Association (7).

United Community Funds and Councils of America has acknowledged two major functions in relation to research—to operate statistical and informational services and to help member agencies conduct studies and research. Of special importance in the first is supervision of the Social Statistics Project. This pioneering venture to obtain uniform and reliable welfare statistics, begun more than thirty years ago, was for many years under the supervision of the federal Children's Bureau. Through this project, standard reports on the volume of local health, welfare, and recreation services in about fifty cities are published periodically. An important part of the second function is the annual workshop for discussion of common problems and interests of chest-fund-council research personnel. There has recently been considerable research on the social service exchange (44) which is also of interest methodologically (54).

One national organization, Community Research Associates, supported by substantial foundation grants, conducted three local "experiments" in the prevention and control of "dependency," "indigent disability," and "disordered behavior" (e.g., 10) and has substantially completed a study of family diagnosis and treatment. In 1957 Community Research Associates published an inventory of research (11). The organization also makes studies under contract.

Various units of the federal government have special interests in social work research. The Veterans Administration has encouraged research by its social workers. In the Department of Health, Education, and Welfare, the Office of Vocational Rehabilitation, the Public Health Service, and the Social Security Administration have been concerned with social work research in various ways. Two bureaus in the Social Security Administration are singled out for special mention.

The Children's Bureau, established in 1912 to investigate and report upon all matters pertaining to the welfare of children and

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child life, was for many years pre-eminent in the conduct of pioneering studies. The child welfare survey as developed by the Bureau was the prototype of the special population group study in the social work field. The Children's Bureau currently maintains a number of statistical series on services and personnel in child health and welfare. As other resources have developed and as the Bureau has assumed administrative responsibilities, its research emphasis has shifted to promoting and facilitating research (46, 47, 49) although from time to time it engages in field studies and in statistical surveys usually in cooperation with state or national organizations (50). The Bureau maintains a clearing house on non-medical research concerned with children (48).

The Bureau of Public Assistance maintains a statistical reporting system on applications, volume of service, assistance payments, expenditures, and other subjects. The Bureau offers consultation to the states on special studies and endeavors to coordinate such studies. The Bureau, in cooperation with the states, also makes many special studies. Descriptive studies of the social, economic, and medical characteristics of recipients are conducted from time to time. Reports of special studies or references to them regularly appear in the *Social Security Bulletin*.

Schools of Social Work

Schools of social work have been a prolific source of studies in social work, largely in the form of individual master's theses or reports of group projects. Many schools issue lists of completed theses which are usually available through inter-library loans. While many studies have been of use in local planning, their limited findings have seldom been incorporated into the main stream of social work knowledge.

The research of doctoral students has, of course, been of a more substantial nature. In spite of considerable increase in recent years, the number of doctorates in social work remains small. By and large doctoral research has been limited in usefulness by seldom being related to a continuing line of inves-

tigation. The *Social Service Review* each September publishes abstracts of the doctoral dissertations completed during the previous year and lists those reported by schools of social work to be in progress.

Faculty members of schools of social work have contributed substantially to social work research. Their consultation in research projects is frequently sought. Often they have conducted research but seldom under the auspices of the school itself or with grants obtained in their own right. Usually they have made studies under the auspices of other welfare organizations. They have contributed in two other ways: (a) by writing on methodological questions and (b) by scholarly and theoretical writings that do not involve original research but that contribute to synthesis of knowledge of the field. Research on the history of social work has largely been the province of the schools. Outstanding in this field are the studies of the poor laws and the development of public social services that were conducted at the University of Chicago by Edith Abbott, Sophonisba Breckinridge, and their associates and students.

A significant development for research in social work has been the establishment within recent years of centers for research in schools of social work. The first of these centers was established by the University of Chicago in 1953, where a long-range program of research in social casework has been projected (36, 37). The second was opened in the New York School of Social Work in 1956, and other schools have made provision for research programs under various arrangements. The University of Toronto School of Social Work, under its program, makes grants to individual scholars from the Cassidy Memorial Research Fund. The development of significant and theoretically relevant lines of research would seem to be the particular responsibility of the school, whether or not it has an organized research center (17).

Support

Consideration of the auspices of research in social work has in part indicated sources of support. Data are not available on the

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distribution by source of the funds for the research conducted by the many agencies and organizations. Smaller studies and administrative and welfare planning studies tend to be financed from the regular operating budgets of the sponsoring agencies. For larger studies special funds must almost always be sought. The primary sources of such funds have been foundations, except for research conducted under governmental auspices. Grants for research related to health are available from the Institutes of Health of the Public Health Service. Although many social work studies are logically relevant to mental health, relatively few grants have been sought for social work research. Other governmental agencies and several voluntary agencies have more limited funds from which grants may be made. In 1956 Congress authorized appropriation of federal funds to support research or demonstration projects in public assistance, but has not actually made appropriations under the provision.

PROFESSIONAL ASPECTS

Training for Research

Planning and conducting research that is to make a substantial contribution to social work knowledge demands both knowledge of the field of study and technical research competence. Thus, optimum qualifications for research workers include not only academic training and experience in research but also the education and experience appropriate to the particular field of study. Especially for research in the basic social work processes—social casework, group work, and community organization—these qualifications are rarely met. The need for a greater supply of technically competent research workers who have their professional roots in social work has long been evident.

The schools of social work have a primary responsibility for the development of resources for the adequate preparation of research workers. Moreover, it is generally agreed that such preparation involves doctoral study. Fourteen schools of social work offer doctoral programs. The number of degrees awarded

has increased sharply over the past four years, from twelve in 1955–1956 to twenty-six in 1958–1959. Some years ago a follow-up of students revealed that very few moved from doctoral programs to positions in research.³ Whether or not this situation is changing is not known. In any event some comfort may be derived from the fact that persons with doctorates in social work may strengthen the position of research even if they do not actively engage in research.

Thus it appears that few doctoral candidates prepare themselves to be career research workers, and indeed the schools even in their doctoral programs have had limited resources for research training. As research skill can best be acquired in the setting of an active research program, the development of such programs in the schools offers great promise for the training of career research workers. Support of doctoral education of career research workers has recently become approved policy of the National Institute of Mental Health. In 1959, the Lilly Endowment appropriated funds to support preparation of personnel for research positions in community organization.⁴

Schools of social work have always included some instruction in research in the master's degree curriculum. The current curriculum policy statement of the schools, adopted in 1952, not only requires instruction in the research process but also recognizes research, along with classroom and field instruction, as a means to the attainment of the total objectives of the curriculum. Research content usually consists of one or two classroom courses and experience in research, either in the form of preparation of an individual thesis or, increasingly in recent years, participation in a group project. Students are expected to complete their professional ed-

³ Gordon, William E., "A Follow-up Study of Doctoral Students: Relation of Doctoral Study to Subsequent Employment," *Social Work Education in the post-Master's Program: No. 3, Field Work and Related Issues*. Council on Social Work Education, New York, 1955, pp. 65–66.

⁴ This foundation provided support for a conference held in 1957 at which the many difficult questions regarding the preparation of personnel for community welfare research were reviewed (22).

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ucation with appreciation of research, with some ability to appraise and use research reports, and with enough knowledge and skill to participate in research and to undertake simple agency studies.

Social work research workers have been drawn from varied backgrounds. A few students have through the years specialized in research within the master's degree curriculum in social work. Occasionally, social workers have taken some advanced training or even doctorates in other fields to prepare themselves for social work research. A number of research workers trained in other fields have been attracted to the field of social work research.

Relationship to Social Science

Note has already been taken of the fact that research in social work is not sharply set off from research in social science. Although education for social work became separated from education in social science much earlier, social work research only slowly emerged as distinctive from social science research, a separation that Zimbalist puts as late as the 1930's.⁵ Concern to foster interchange and collaboration in research between social work and social science should be viewed in the context of the recently heightened interest to incorporate relevant social science knowledge in social work education and practice.

Kahn, who concluded that "social work practice does not show substantial social science influence," observed that "although some key social science concepts have been well used, other important ones have been overlooked for long periods and notions discarded in the original field have sometimes been retained." (24, pp. 200-201). Some years ago, Klein put forward the view that effective use of social science findings could be accomplished only by "a sort of secondary

research for purely conversion purposes" (25, p. 7). Greenwood has developed at some length the obstacles to easy application in practice of concepts and theory developed without reference to such utilitarian purposes. He pointed to the need for collaborative research between social workers and social scientists to "convert social science laws into principles of practice" (15).

Russell Sage Foundation has endeavored to improve the relationships between social science and the professions concerned with social welfare and health. In addition to the support of research projects (e.g., 29), this program has included the placement of social scientists on the faculties of schools of social work and support of an experiment with collaboration between faculty members of the school of social work and social scientists at the University of Michigan. Another project was begun in 1949 with the placement of a sociologist, Otto Pollak, in the child guidance clinic of the Jewish Board of Guardians. The first stage of the project consisted in the identification of social science concepts of potential value in practice.⁶ The second stage was two years of practice-testing of these propositions.⁷ The third stage, which Pollak calls for, would involve further and more rigorous testing.

It may be hoped that as research in social work improves and expands, interdisciplinary cooperation may increase so that applicable concepts and methods developed in the social sciences may be promptly and properly utilized in social work research. Research centers in schools of social work should afford auspices for fruitful collaborative research. Recent years have seen several interdisciplinary projects inaugurated.

Better communication is needed between research workers in social work and in other fields. A signal development in recent years has been the holding of carefully planned, invitational conferences of research workers

⁵ Zimbalist, Sidney, "Major Trends in Social Work Research: An Analysis of the Nature and Development of Research in Social Work, as Seen in the Periodical Literature, 1900-1950." A dissertation submitted to the George Warren Brown School of Social Work, Washington University, St. Louis, 1955, p. 30. (Unpublished.)

⁶ Pollak, Otto and collaborators. *Social Science and Psychotherapy*. Russell Sage Foundation, New York. 1952.

⁷ Pollak, Otto. *Integrating Sociological and Psychoanalytic Concepts*. Russell Sage Foundation, New York. 1956.

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in social work and representatives of other disciplines and other social work practitioners. Some conferences have been focused on a field of practice (for example, research in the children's field⁸ or family casework relating to children⁹), another was concerned with research method (namely, use of judgments as data [40]), and one explored selected social science concepts which might be utilized in social work research.¹⁰

The operations of social agencies offer opportunities for research by social scientists on a wide variety of problems and with varying degrees of appropriate participation by social work practitioners and research workers. The interviewing skills of the social caseworker have frequently been utilized in such research. Research based upon social work operations can contribute to basic behavioral science and to understanding of social and economic forces. The better organization of social work research can increase the effectiveness of social work, both as consumer of and contributor to social science research.

Professional Association

In 1949, the Social Work Research Group was organized to provide a channel of communication for persons interested in research in social work. In 1955, when the National Association of Social Workers (NASW) was organized, members of the Social Work Research Group were blanketed into NASW membership and automatically became the initial members of the Social Work Research Section. Other NASW members may qualify for section membership on the basis of academic training or experience in research. Membership in the Section numbered 585 on October 1, 1959; local sections had been established in 11 NASW chapters.

Activities of the Section are directed toward improvement and expansion of research in social work by providing through a variety of means for communication among the

membership, but also by working toward development and maintenance of standards of professional behavior and personnel practices, toward increasing the competence of research workers, and toward interpreting the uses and limitations of research in social work.

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† For addresses of periodicals listed see Appendix. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

⁸ "Proceedings of the Conference on Research in the Children's Field," *Social Service Review*, September 1956.

⁹ "Family Casework In the Interest of Children," *Social Casework*, February-March 1958.

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MARY E. MACDONALD

SCHOOL SOCIAL SERVICES represent some of the efforts being made in education to meet the needs of certain individual children who have social and emotional problems which interfere with their school functioning and achievement. These services have increased and expanded as new knowledge has enhanced the understanding of behavior and of the needs of children when learning difficulties are encountered.

Social services, an integral part of the total school program, may include psychological service, psychiatric service, attendance service, vocational counseling, and school social work service. The teacher uses these resources to supplement her own work with children in the classroom in order that her teaching efforts may be more effective. Social services help by working directly with children who have school adjustment problems and with their parents. Opportunity is provided also, through consultation, for the teacher to gain a deeper understanding of the children in her classroom—understanding of their feelings, attitudes, and behavior that may be thwarting or enhancing the opportunity for learning which the school provides.

This effort to develop services for the indi-

vidual child with problems in his school adjustment does not minimize the importance of teaching specific subject matter. Instead, it helps identify causes for a child's failure in school achievement and enables him to find ways to overcome the difficulties, whether these be within himself or in his environment.

The provision in this country for public tax-supported schools and the passage in all states of compulsory attendance laws which require all children (usually between the ages of seven and sixteen years) to go to school have resulted in continuous close examination of school programs, of curriculum content, the "why" of learning failures, and educational requirements for teachers. Curriculum content of teacher-training institutions has been under study by both educators and lay citizens in an effort to find ways to better prepare teachers for the job of teaching children as well as subjects, and to fulfill the purpose of education—a purpose rooted in our democratic philosophy of education which assures each child an opportunity for the best educational experience possible for him. This promise of society is clear and represents, to the educator especially, a deep sense of obligation to children. It also represents a faith in the individual child's capacity to develop physically, mentally, and emotionally to the end that there is an assurance to society of the greatest possible number of mature, stable adults to contribute productively to our democratic way of life in every community.

In earlier years, when schools were privately financed, only a few children had the opportunity to go to school. Attendance was voluntary, and children with learning difficulties or other problems were permitted to quit or could be dropped. But by 1918 all states had passed compulsory attendance laws. Educators have had to provide for increasingly large numbers of children of different mental capacities and from different social, economic, and cultural backgrounds. Among these children, with their many individual differences, physical, mental or emotional, are those with a variety of problems which may interfere with learning.

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School administrators have recognized the potential in other professional fields as these have developed programs which reflect the new and changing concepts and focus in teaching children and which fit into our basic concept of universal education. Far-reaching advances in medical, psychological, and social sciences have brought new knowledge and understanding of human behavior. Research and development of new skills for helping individuals understand themselves and to use this for their own growth and change added impetus to use of the help of other professional disciplines to supplement the teacher's work in the classroom. Psychologists, psychiatrists, social workers, and guidance personnel have been added to the school staffs and their services have become a part of the total school program, coordinated and integrated in such a way that teaching children may become more effective. Tests to assess mental ability and personality difficulties have been developed. Skilled professional help to individuals with social and emotional problems is being provided through social casework to children and their parents when the problems interfere with learning. In addition, teacher training institutions have incorporated certain knowledge of these other disciplines to enhance teaching methods and course content.

In a number of states legislation (permissive or mandatory) has been enacted establishing and partially financing special service programs in local school systems, and setting standards of practice and professional qualifications of personnel. Some states offer consultation to local school administrators and other school personnel to help develop and implement these services for children. Many local school systems have included one or more of these services even though no legislation or state leadership has been available. Psychologists, psychiatrists, nurses, social workers and others have demonstrated ability to maintain identity with their own professional disciplines and at the same time to identify with the purposes and goals of education and with the particular school of which they are a part, and to find ways of

using their professional skills to further the educational program.

School Attendance

The successful enforcement of compulsory school attendance laws was difficult to achieve at first, and still is today to some extent, in many areas and for a variety of reasons, some parents have kept their children out of school either because they have not accepted the high value our culture generally places on education or because they have felt greater need for the assistance children could render working on farms and factories or in the home. Children have often dropped out of school because of some physical, mental, or emotional problem which the school program was not adequately prepared to meet.

Content of the laws varied in the different states. Some state legislation made it mandatory that attendance officers be appointed to enforce the attendance law; others provided for this on a permissive basis. Still other states placed the responsibility only on the local school administrator. Earlier, truancy and other problems of attendance were not recognized in their complexity but merely as an enforcement problem with emphasis on punishment. Qualifications of attendance officers were poorly defined, often with no professional education required.

Today, truancy and nonattendance are generally recognized as symptoms of problems which the child has within himself or of problems in the home, the community, or the school. Educators and the community in general accept the importance of providing the same skilled help for children who express their problems in this way as is made available to children who show symptoms such as shyness, academic failure, aggressive behavior, and so forth. This has brought about some changes in our concept of implementation of the school attendance laws, qualifications for attendance personnel, and function of this personnel. Some attendance departments now hire staff with social work training. Others have developed into or merged with social work departments in the school. This has been done to assure a pro-

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fessional type of service for these problems. With truancy and nonattendance regarded as symptoms, educators, school social workers, and others have stressed the preventive aspects of attendance service; and teachers, especially, have been encouraged to identify children's difficulties as early as they become apparent and seek help for the child before feelings of failure, rejection, and loss of status cause him to stay away from school.

The School Social Work Section of the National Association of Social Workers and the International Association of Pupil Personnel Workers are concerned with improved standards for practice and development of professional qualifications for personnel for attendance service.

Health Services

School health services are usually provided by school nurses and school physicians and are directed toward assisting the school in those aspects of the program that relate to physical health of the children and to general health education. The inclusion of health services in the school is based on the recognition that there is often a relationship between a child's physical condition and his success in school. The school physician may be a full-time or part-time employee of the school system, or he may be assigned to school health service by the local public health department. The doctor's function usually includes examining children, recommending referral to a private physician or to community health agencies for medical care, and giving consultation to school personnel in relation to the over-all school health program.

The function of the school nurse varies in different school systems. The scope and focus of her work is influenced to some extent by the agency to which she is primarily responsible. In some school districts the nurse is employed by the public health nursing agency (usually a division of the local official public health department) with that organization determining, to a large extent, the function of the service, assignment of schools, and supervision; however, she is responsible to the school administrator when in the

building. In other schools the nurse is a member of the school staff. In general the function of the school nurse emphasizes health education and interpretation of health information about individual children. She also works with other health agencies in relation to children having health problems when this is important to the child's adjustment in school. In some communities, where nurses are placed in the schools by public health nursing agencies, the nurse who serves the school will be responsible for the public health nursing service to families in that school district. *See PUBLIC HEALTH NURSING.*

The school nurse usually carries responsibility for keeping cumulative health records up to date for each child. These records have notations of illness, inoculations, and comments by the nurse and doctor, and sometimes that of teachers and other school personnel. This record may be used in many ways, including its use as a reference in interdisciplinary case conferences, as a basis for referral to other agencies, and so forth. In most schools this health record or important information from it is placed in the over-all educational cumulative record of each child.

Psychiatric and Psychological Services

Service by a full-time psychiatrist employed as a member of the school staff is available in only a few schools throughout the country; when available at all, psychiatric service is usually part-time. The way this service is used varies. Some school psychiatrists work with children and their parents directly, while others give only consultation to teachers, social workers, and other school personnel. Still others work with the administrative personnel in developing the over-all preventive mental health program. They may contribute to inservice training programs for teachers, work with parent groups, and lead discussions, especially with teachers, on individual case situations. Many schools have found community psychiatric clinics ready to give to the school the variety of services mentioned above. Child guidance clinics have shown an increased interest in their service to school

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staffs and to children having difficulty in school. Close, cooperative working agreements have been developed between many school systems and community psychiatric clinics. A readiness of clinic staffs to go to the schools for conference with school personnel and for group meetings has made the clinic services valuable in terms of education directed toward preventive measures, as well as to the individual child and his family. *See MENTAL HEALTH AND MENTAL ILLNESS.*

Psychological services are increasingly becoming an integral part of the school program due to greater efforts being made to develop educational programs which more nearly meet the needs of the individual child. Individual and group tests have made it possible to more accurately determine abilities and achievement of children and have contributed much to our understanding of individual differences in children. Consultation with teachers regarding individual children with whom they have worked is usually focused on interpretation of test results and planning of the child's school program. In many schools, placement of children in special classes is made on the basis of psychological tests and recommendation of the psychologist. Some state laws or regulations make this mandatory if financial grants are made by the state for instruction to children in special education classes. Psychologists are often included in the development of inservice training programs and curriculum planning for the school. There is a growing trend in the schools to place the psychologist in a department with other special services, although there is sometimes a separate psychological department or clinic.¹

*Vocational Guidance*²

The school, particularly on the secondary level, has done a great deal to aid children

in their choice of vocation and, if required, their higher educational planning in relation to their choice of work. Much is done, even in the elementary grades, in class work and special group discussions, to introduce different kinds of occupations to children and to help them find ways to test further their real interest and their own aptitudes for their chosen field. In secondary schools, this often takes the form of career day programs when leaders in various occupations meet with high school students in groups of special interests. There is a trend in the high school toward the development of a more formalized guidance program which is directed toward attempts to provide intensive individualized service for each student. Interviews are held with the child, and tests may be administered to determine interests and aptitudes. The latter may be administered by the counselor or by the school psychologist. Field trips may be planned to see the job in its setting. In the high schools where there is a special vocational guidance program, the counselor usually is responsible for the entire program, takes initiative in planning a program for each child, and works with other special service personnel such as the school social worker and psychologist when those additional services are indicated.

Usually there is a library of college catalogs and of material on careers with descriptions of the job and lists of educational and personal qualifications required. Some schools have a placement service and have developed cooperative relationships with local employers and with the local branch of the United States Employment Service, often resulting in a combined work and study program for the students.

Where there is no full-time guidance person, teachers may be given a part-time teaching schedule and devote assigned time to counseling. Qualified counselors are aware that it is important that sufficient time be allowed for the work with the individual and for program planning if the service is to be effective. It is also recognized that vocational counseling service requires special training to acquire the essential knowledge and

¹ For current information regarding developments in the field of school psychologists, the reader is referred to the American Psychological Association, 1333 16th Street, N.W., Washington, D. C.

² For current information regarding developments in the field of vocational guidance, the reader is referred to the National Vocational Guidance Division of the American Personnel and Guidance Association, 1534 O Street, N.W., Washington, D. C.

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skill. There has been some variation in definition of the service and function of the job of the counselor, and also lack of uniformity in what are agreed to be essential qualifications. Schools, training institutions, and national organizations are studying this service in terms of function, qualifications, and its relatedness to other services in the schools. See GUIDANCE AND COUNSELING.

*School Social Work*³

Social work service, as a part of the school program, provides help to children who have social and emotional problems which cause difficulty for them in their school adjustment. The educator is aware that the problems of these children are often of a complicated nature and may be the result of conflicts and tensions within the child himself, his family, or his environment. The professional knowledge and skill of the trained school social worker has been recognized by many educators as one of the sources of help in these situations. Increasing numbers of social workers are being employed by school administrations.

The first school social work programs were developed in 1906 and 1907. Community agencies in Boston, Hartford, and New York City stimulated interest in, and financed, what were then called "visiting teacher" programs in those three cities. In 1914 the Rochester, New York, Public Schools employed a visiting teacher and became the first school system to have the service financed by a board of education.

The first stimulation for expansion of visiting teacher service came in 1921 from the Commonwealth Fund when that organization gave financial support for the inauguration of a country-wide demonstration of visiting teacher work. Thirty communities, distributed widely throughout the country and in both urban and rural areas, were chosen for the demonstration. A visiting

teacher was assigned to each community with the proviso that the local community would share in payment of salary and would take on the full responsibility for the program at the end of the demonstration period if the service proved valuable.⁴ When the Fund withdrew its support in 1930, 21 of the original 30 demonstration areas continued the service at local expense. At the same time other school systems initiated visiting teacher programs, and by 1930 there were 244 workers in 31 states. The White Williams Foundation of Philadelphia made a contribution in training workers and developing philosophy and standards in school social work over a 25-year period ending in 1942. There has been no accounting of the prevalence of school social work since 1944, when 266 cities throughout the country had organized services in the schools.⁵

In recent years, stimulation of the growth and development of school social work services has come from within the two professional groups, social workers and educators. School social work services are a part of an interprofessional approach to providing help for children with special problems which inhibit their capacities to make full use of their educational experience. Schools have become involved in community mental health programs, and school social work services are used in preventive mental health activities. Some citizen groups such as the American Association of University Women and the Junior League have studied local community youth problems in terms of delinquency, school attendance, school drop-outs, and so forth, and have at times taken an active part in stimulation of the use of school social work services.

School social workers and educators have worked more closely to further develop standards of practice and professional qualifications for training. In 1945 the U. S. Office of Education called together a group of school

³ For current information regarding developments in the field of school social work, the reader is referred to the School Social Work Section of the National Association of Social Workers, 95 Madison Avenue, New York 16, N. Y.

⁴ Detailed description of the method, procedure, and progress of the project may be found in *Annual Reports*, Commonwealth Fund, New York, 1921 through 1926.

⁵ See Cook, *The Place of Visiting Teacher Services in the School Program* (*infra*).

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administrators, state commissioners of education, representatives of schools of social work and schools of education, and school social workers to formulate suggested qualifications for school social workers and definition of function.⁶ In 1948 the National Association of School Social Workers cooperated with educators to further formulate standards for professional training.⁷ There has been a variation in qualifications for school social workers. Some local communities and states require training and/or experience in the field of education in addition to the training in social work. Others recognize that an appropriate orientation to education can take place on the job. Experience in a social agency concerned with children is accepted as a substitute for teaching experience, and field work in the schools, taken as a part of the master's degree program in a graduate school of social work, in lieu of practice teaching.

A study of social work programs in twelve school systems in urban and rural areas, published in 1953, was made jointly by the American Association of Social Workers and the National Association of School Social Workers.⁸ This provides an analysis of programs at that time in relation to administrative structure, legislative base, definition of function, qualification of workers, and description of practice. Since then the School Social Work Section of the National Association of Social Workers has continued to study and improve practice. In 1956 a workshop, attended by fifty social workers, was held to attempt to define sound practice in school social work on the basis of experience in different size school systems and in all areas of the country, both urban and rural. A report of this conference⁹ provides as complete a statement as is available on current concepts of certain areas of practice. More recently, the American Association of School Administrators and the School Social Work Section of the National Association of Social Work-

ers cooperated in planning a workshop for school administrators and school social workers to consider standards of good administration of school social work services and to again consider qualifications for training of school social workers.

The Council on Social Work Education acts as the approving body for the professional curriculum in schools of social work. School social work committees have worked with the Council at its request to help define knowledges and skills essential to school social work practice. The Council is able to provide the names of colleges and universities offering a program of training for school social work.¹⁰

The National Association of Social Workers, incorporated in 1955, is the professional organization in the field. The School Social Work Section of this Association (formerly the American Association of Visiting Teachers organized in 1919, later the National Association of School Social Workers incorporated in 1945) offers leadership in the field of school social work. Its purpose is to improve the quality of social service in schools; to interpret the need for such service; to help define and raise standards for personnel, professional education, organization, and administration affecting practice; to increase the body of knowledge and skill relating to practice; and to help in adapting mental health principles to the educative process in elementary schools. The Association maintains an executive office and publishes a quarterly journal, *Social Work*, containing articles about school social work and other fields of social work.

The School Social Work Section of the National Association of Social Workers has a present membership of over 1,000. Qualifications for membership require graduation from an accredited school of social work in an approved school social work specialization, or graduation from an accredited school of social work and current employment or demonstrated interest in school social work. The Section plans speakers and meetings for

⁶ See Cook, *Visiting Teacher Services* (*infra*).

⁷ These standards are incorporated in *The Criteria for the Review of the Specialization in School Social Work*, Council on Social Work Education, New York.

⁸ See Sikkema, *infra*.

⁹ See Quattlebaum, *infra*.

¹⁰ For information write to Council on Social Work Education, 345 East 46th Street, New York 17, N. Y.

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school social workers at the annual meetings of the National Conference on Social Welfare and participates in programs with the Association for Supervision and Curriculum Development, the International Council for Exceptional Children, and other educational associations at their national and local meetings.

Social work's service in the school supplements that of the teacher and is carried on in close cooperation with the teacher and other school personnel. The school uses this service in a variety of ways. Children referred include those who express their difficulties in school by aggressiveness, shyness, or withdrawn behavior; they may be failing academically without obvious cause; they may be hungry or ill; they may be truant; or there may be many other symptoms. These problems may reflect conflicts in family relationships, unwholesome community conditions, financial difficulties, and other social or emotional problems.

School social work offers direct casework service to the child and his parents. When other services in the community are needed the school social worker helps parents to understand the resources of the particular agency which can best help and assists them in their use of the other resource. In addition the worker, teacher, and other special services in the school cooperate in conceiving and executing plans for helping the child in his school life.

As a member of the school staff, the social worker also offers consultation to teachers with whom he may share his professional knowledge and his understanding of the meaning of children's behavior. The teacher uses this help to increase her own effectiveness in her work with the children in her room.

School social workers also contribute to the school program through participation in faculty meetings, parent study groups, in-service training programs, and in school committees. In addition the school social worker plays an important role in a liaison capacity between the school and other community social agencies which helps the school

and the other resources to be mutually helpful to each other.

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OPAL BOSTON

SETTLEMENTS AND NEIGHBORHOOD CENTERS,* also referred to as community centers, neighborhood houses, community or neighborhood associations, or guilds, are multifunctional agencies which exist to serve the social needs of persons in given geographical neighborhoods. It has been said that the neighborhood is their "client."

The settlement movement began in England during the 1880's. Toynbee Hall (1884), the first settlement, was started when Samuel Barnett, then vicar of St. Jude's parish in

† For addresses of periodicals listed see Appendix. All U.S. Government publications may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

* For current information regarding programs and developments in the settlement field the reader is referred to the National Federation of Settlements and Neighborhood Centers, 226 West 47th St., New York 36, N. Y.

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London, invited a number of university students to join him and his wife in "settling" in a deprived area. Their aim was to gain understanding of the conditions under which the working classes lived and to enlist the aid of the more fortunate in altering these conditions. The deplorable overcrowding and the low pay in factories, as well as the widening gaps between the well-to-do and the masses, caused by the industrial revolution, roused the conscience of church and lay groups alike. The Protestant forces, stimulated by the writings of Dickens, Kingsley, Chalmers, and others, and the leadership of the group of social reformers in the universities, made a favorable climate for the idea, which spread rapidly in England and somewhat later to the continent and to the United States. The original settlement in this country was Neighborhood Guild (now University Settlement) founded in 1886 in New York City. This was followed by Hull House in Chicago in 1889. Today there are about 800 neighborhood centers scattered across the United States.

The settlement movement is also found in France, Germany, and Scandinavia, and recently in Italy, where the community center movement is developing rapidly. The modern "community development" movement uses many of the same principles and is spreading in parts of Asia, Africa, and South America through technical assistance. See COMMUNITY DEVELOPMENT and INTERNATIONAL SOCIAL WELFARE.

Objectives

In 1892 Stanton Coit wrote, "The very name Neighborhood Guild suggests the fundamental idea which this new institution embodies; namely that irrespective of religious belief or non-belief, all the people, men, women, and children . . . in every working-class district shall be organized into . . . clubs, which are by themselves, or in alliance with those of other neighborhoods, to carry out all the reforms—domestic, industrial, educational, provident, or recreative—which the

social idea demands." Settlement philosophy remains the same today.

While the need for social reform is less dramatic than in 1892, improvement of living conditions is still one of the main objectives of settlements. Combined with it are the strengthening of family life; creating a feeling of neighborliness by helping individuals and groups to relate to one another; developing indigenous leadership; and integrating a local neighborhood with its city, state, nation, and the world. In its attempt to carry out these objectives, a neighborhood center works with a cross section of all cultural, racial, religious, and age groups in its neighborhood.

These common purposes bind neighborhood centers together. In specific program, however, centers differ to the degree that their neighborhoods differ.

Because of their origin, settlements are commonly thought of as serving disadvantaged areas. However, the "neighborhood approach"—working with all the families in a given area to help them improve the life of their neighborhood—is useful in any neighborhood where people have a concern for their families. Branches of existing centers, and some new agencies, are spreading to suburban areas and new communities.

An Action-Research Workshop, held at Arden House in February 1958, focused on "Neighborhood Goals in a Rapidly Changing World." It brought settlement leaders together with administrators of public services for welfare, health, and housing, and leaders from universities and professional fields. This group reviewed the history and purpose of the settlement movement, delineated the social changes affecting neighborhoods, and outlined what the current focus of settlements ought to be. In respect to the type of neighborhoods served, the Workshop reached this conclusion: "People at all income levels need and can benefit from the development and integration of social services that a neighborhood center can offer. Such needs are evident in new suburbs, in places where people are rootless, in wholly new communities spring-

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ing up around defense projects, in trailer camps. 'Packaged' communities, it was declared, are in special need of a focus for social services."¹

There seemed general agreement, however, that granted the disparity between the number and resources of neighborhood centers and the size of their potential clientele, their greatest responsibilities in at least the near future lie in the locale in which settlements originated, among low-income families in cities.

Services

Since the services program of any settlement depends on the needs of its area, and since these needs may change from time to time, it is obvious that there can be no "typical" program. Services offered may include day care, a nursery school, a program for the aged, an urban renewal program, clubs and classes, or a clinic.

In general, the work falls under three general classifications: work with individuals; work with groups; and work with, or on behalf of, the neighborhood as a whole.

1. Work with individuals. Settlements work with individuals with the aim of helping them become happier, healthier, more secure, and able to play a more constructive role in their families, their communities, and in society. Individuals are served both through the provision of group experience and through direct work with individuals and their families. Informal counseling and a neighborly type of home visiting is carried on by almost every member of a settlement staff. Where problems are such that persons with more specific training are needed, settlements have employed caseworkers, psychologists, psychiatrists, and persons skilled in vocational guidance. *See GUIDANCE AND COUNSELING and SOCIAL CASEWORK.*

Some neighborhoods have lacked adequate health services; in such cases, neighborhood

centers have operated medical or dental clinics until they could be provided as a public service. Nursery school and day care programs have provided yet another type of individual and family service. These are found in areas where there is a large number of young children and/or where there is a high proportion of broken homes or employed mothers.

A number of individual services are started as demonstration projects and then turned over to other agencies. This is in keeping with the suggestion made by Jane Addams, founder of Hull House, that settlements should "hold their programs lightly." In cases where neighborhood centers see the need for special individual services but do not feel that they are the logical agencies to render these, cooperative relationships are established with existing health and welfare agencies, and referrals are made.

2. Work with groups. Settlements have dual objectives in working with groups. The focus is both upon the development of the individual through the satisfactions enjoyed through an enriched social life, and the creation of a better neighborhood environment. In general, there are two broad types of services to groups.

One is work with groups which the settlements sponsor as membership groups. This includes clubs, classes, teams, and interest groups for persons of all ages. These informal education, recreation, and group work programs provide the bulk of services in many settlements. They have proved to be the best tool in helping to develop harmonious relationships and feelings of neighborliness. In most centers the majority of groups are for children and youth. This is a natural outgrowth of the settlement's concern for the family in its neighborhood setting, an interest which logically focuses attention upon childhood. However, in recent years an increasing number of adults are being served through group activity. Many centers also provide camping programs, both for children and family groups.

In keeping with settlement aims of en-

¹ See National Federation of Settlements, *Neighborhood Goals in a Rapidly Changing World* (*infra*), p. 15.

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couraging citizen participation and developing native leadership, self-government is emphasized within the groups. Most centers have established intergroup councils, which make suggestions and give guidance to the over-all program.

A second type of work with groups is that wherein the settlement provides service to neighborhood groups not under its own auspices. This may mean providing facilities and/or staff consultation. For example, settlements have been asked by parents or school authorities to help with the development of parent-teacher association groups in neighborhood schools. Local churches have sought help in developing youth programs. Unions have called upon neighborhood centers for advice in developing their own recreation and civic programs. Seen in the context of serving a neighborhood according to its needs, all such activities are an important part of settlement program. *See ADULT EDUCATION, CAMPING, RECREATION, SOCIAL GROUP WORK, and YOUTH SERVICES.*

3. Work with the neighborhood as a whole. Observation and study of the neighborhood is an ongoing part of every settlement's work. Some agencies maintain residences, believing that if staff and volunteers live in the neighborhood they are in a better position to know neighborhood conditions. Whether or not he lives in residence, an alert staff worker, through his daily contacts with families and his visits in the neighborhood, can hardly avoid accumulating knowledge of neighborhood problems. From this knowledge stems the broad social action program in which most settlements are engaged. Neighbors are organized and encouraged to take the necessary action on such matters as enforcing the housing code, eliminating the menace of rats, improving traffic conditions, clearing alleys, or expanding the public recreation program. Reports are made to, and cooperation solicited from, the appropriate health, welfare, or public planning body. Spokesmen are selected to testify before local, state, and national legislative committees. This social action program also helps the neighborhood to see its place in relation to the city as a

whole and as part of a state and nation. *See SOCIAL ACTION.*

Administration

The responsibility for operating each settlement is lodged in a board of directors. Originally, settlement boards were composed of people outside of the neighborhoods which they served. In recent years many centers have broadened their representation to include persons who live or work in the neighborhood. While the board is the policy-making group of the agency, it carries out the settlement program in partnership with an employed staff and with neighbors, whose opinions and help it seeks.

The backgrounds of persons employed as professional staff in settlements is as varied as is the settlement program. In positions which have social work as their main component, there is ever-increasing emphasis upon the employment of persons with a professional social work degree. For those employed in day care or nursery programs, emphasis is upon specialization in early childhood education. Others employed as specialists in music, adult education, art, and physical education are trained in those special areas. A large number have majored in sociology. Whatever the training, all are identified with neighborhood problems, applying their particular skills to the solving of them.

Most neighborhood houses participate in community chests or united funds, and receive a high percentage of their support from this source. Other sources are local and national religious groups, tax funds (as in mental hygiene clinics, day care centers, work in public housing projects). New projects are often financed by foundations.

Physical facilities are diverse. Many have large physical plants, while others occupy small buildings. Because of the extreme mobility of population, the current trend is for a small central building, with extension programs being carried on in a wide area, through the use of existing facilities such as schools, churches, homes, and housing projects. The spirit of the agency and its identification with the neighborhood has

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been considered more important than the size or form of its physical plant, and leadership has been considered the chief offering of the agency.

Current Trends

Settlements are influenced by the marked changes which are going on in urban life, and these changes are being reflected in program emphases. The major changes are:

1. Physical changes. Cities are being rebuilt through slum clearance, urban renewal, and highway programs. About half the settlements are active in relocation of families, redevelopment, or renewal. In many cases settlements themselves are having to move to new areas. A great many offer services in the public housing projects, through which much of the urban population must be rehoused. See HOUSING AND PLANNING

2. Population changes. Since settlements tend to be concentrated in the older areas of cities, they experience continuing in-migration. The rate of transiency is extremely high. Often younger families are continuously moving out, leaving only the aged. There is a major influx of non-white population in northern cities. Other ethnic groups—the Puerto Rican, the American Indian, the mountain white, the Spanish-speaking—are newcomers to neighborhoods and need help in assimilation. Neighborhood centers focus strongly on developing harmonious relations between different cultural or ethnic groups.

3. Socio-economic changes. Although the general standard of living has been raised, settlements have a continuing concern with families which are comparatively economically disadvantaged—possibly because of the absence of a breadwinner, ill health, general unemployment, or discrimination in employment. Settlements work on programs which attempt to get at the basic causes for such problems, and to attempt solutions. Settlements now, as always, are active in presenting the problems of people to legislators and public officials, in both state and national governments.

4. An area of grave concern is juvenile

delinquency. See JUVENILE DELINQUENCY. Settlements employ many workers with the “hard to reach” youth.

5. Expansion of public services. Settlements are increasingly partners with governmental units, sharing facilities, and receiving personnel from public sources. This is true in the field of public housing, day care, mental health, parks and campsites, and adult education. Many services originally carried on by settlements have now been taken over by public bodies. This frees settlements to go on to other areas of demonstration.

6. Emphasis on citizen participation. The greatest program emphasis in this decade has been in neighborhood organization—working with residents to help them improve living conditions and do something about the quality of the life of their neighborhood.

The Arden House Conference, while defining the new emphases necessary because of changing neighborhoods, emphasized the following as the continuing general focus:²

- “1. To serve as one of the few agencies in contemporary society that is not ‘wholly formalized, bureaucratized, channelized . . .’ that offers a personal, face-to-face relationship in which a whole human being can be seen and talked to in something like his entire life situation.

- “2. To help give people roots, a sense of identification with a place, other people, existing agencies of their society, and, if they stay long enough, with the ongoing good and traditions and obligations of that society.

- “3. To experiment in using new knowledge and social techniques for dealing with human problems.

- “4. To provide decentralized service to people who need help in areas close to their homes.

- “5. To help promote cultural activities—‘an active participant culture,’ countering pressures toward passivity in American life, helping to develop ways of using our increasing leisure for creative activities.

- “6. To provide important services in the planning and execution of programs for urban renewal.”

² See National Federation of Settlements, *op. cit.*, p. 13.

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Federations of Settlements and Neighborhood Centers

1. Local federations. From the beginning, settlements joined forces in each city for effective citywide action. At present there are 23 city or regional federations, known variously as united neighborhood houses, settlement councils, or federations. A major development is now taking place in which settlements in most cities are trying to develop a more effective citywide organization, which will take on general responsibility for representing the settlement movement locally.

2. The National Federation of Settlements and Neighborhood Centers. The National Federation of Settlements was formally organized in 1911. Today 248 agencies, operating 287 centers in 89 cities in 30 states, the District of Columbia, and Hawaii, are members of this organization. Membership is achieved by meeting certain minimum standards and upon payments of dues. Forty-five additional centers received services because of allocations directly from community chests or united funds. The National Federation is governed by one lay and one professional delegate from each of its member settlements and local federations, who meet in an annual business meeting. Its affairs are managed by a board of directors, elected by and acting within the policies established by the delegate body.

The National Federation of Settlements and Neighborhood Centers represents settlements by participating as a member of the National Social Welfare Assembly, the Council on Social Work Education, and the Council of National Organizations of the Adult Education Association. It is considered the spokesman for settlements by a number of governmental agencies, being called upon for consultations with such bodies as the Children's Bureau, the Social Security Administration, the Housing and Home Finance Agency, and the United States Mission to the United Nations. The national office supplies information and ideas on neighborhood work, conducts and publicizes studies of neighborhood social conditions, issues publi-

cations, holds national and regional conferences, provides field and office consultation to neighborhood center boards and staffs, maintains a personnel referral service, and develops exchanges with workers from other countries.

3. International Federation of Settlements. The National Federation of Settlements and Neighborhood Centers is a member of the International Federation of Settlements, whose headquarters are in Utrecht, Netherlands. This Federation grew out of visits between settlement workers of the United States and Europe. The first meeting was held in London in 1922. Today thirteen countries — Austria, Denmark, Finland, France, Germany, Great Britain, Italy, Lebanon, Norway, Portugal, Sweden, Netherlands, and the United States—which have national federations of neighborhood centers are active members. In countries which do not have national organizations, settlements may become associate members. Associate members are currently found in Hong Kong and Indonesia. International conferences are held at four-year intervals, and an executive council meets every two years. The most recent conference was held in Berlin in July 1956, and one is planned for Palermo, Sicily, for 1961.

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MARGARET BERRY

SOCIAL ACTION is the term commonly applied to that aspect of social welfare activity which is directed toward shaping or modifying the social institutions and policies that constitute the social environment in which we live. This is one of the two inter-

related tasks characterizing the field of social welfare, whether it is viewed analytically in terms of function or historically in terms of actual experience.

Functionally, social welfare can be considered as the instrument through which organized society provides assurance that (a) the recognized social needs of individuals will be met and (b) those social relationships and adjustments necessary to its own functioning will be facilitated.

This assurance is afforded by the interaction of two types of activity. It is provided in part by the social programs that constitute the administrative task of social welfare. Programs such as those for public assistance, family counseling, child welfare services, institutional care of various types, and those for groups with special needs are the established mechanisms through which this responsibility is discharged. Of necessity, as these operating welfare programs have grown in scope and variety they have absorbed a larger proportion of the time, energy, and thought of those engaged in the field.

But existing programs, however well conceived and executed, cannot in themselves assure an optimum functioning of society, especially a society like ours that is characterized by rapid change and a vigorous democratic impulse toward progress. Effective social welfare must, therefore, include a built-in dynamism toward change. It must go beyond the mitigation of present social handicap to its logical sequence, the better adaptation of all social policies and institutions—including but not limited to those of social welfare—to changing needs and aspirations. This is the function of social action.

Viewed historically, the social action aspect of social welfare is more readily identified. Early social workers are almost always described as crusaders, whether in the pioneering days of English and American social welfare or in the countries currently experiencing the industrial revolution. Historical necessity compels this crusading zeal at a time when changes in family and economic relationships are creating needs for which no institutional resources have as yet been

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established. In this stage, social welfare efforts must be concentrated on three functions: the uncovering and dramatization of emerging needs, the invention of new social mechanisms to provide answers for those needs, and the use of resources at hand, however limited or improvised, to demonstrate the effectiveness of such mechanisms. The careers of pioneers like Jane Addams and Lillian Wald clearly illustrate these three aspects of social action in the historical period of social welfare beginnings.

But effective social action creates new institutions, and new institutions in turn can impose staggering burdens on existing personnel. The evolution of social welfare programs in the United States during the past fifty years gives good evidence of this process. Early crusading zeal helped to unleash a rate of growth and development that has all but swamped the profession charged with managing and staffing the social welfare programs thus created. The profession of social work has had in this period the unprecedented task of moving simultaneously on all of these fronts: defining its own functions, methods, and limits of competence; providing an educational system to create, maintain, and advance this competence; giving shape and substance to a constantly growing body of social welfare programs ranging from highly specialized services to a universal, nationwide public welfare system; and keeping afloat and functioning the daily operations of the institutions and programs that constitute its particular responsibility.

In such a period of developmental pressures the social action aspects of social welfare tend to become obscured by the daily exigencies of the job at hand. It could, in fact, be argued that there is a logical alternation in the two aspects of social welfare: social action creates new programs; new programs in turn absorb professional energies. In time, however, a new uneasy equilibrium is reached and social welfare attention again begins to turn outward toward the inadequacies of existing arrangements in terms of observed needs. In fact, operating social welfare programs provide the most sensitive possible

instrument for spotting emerging needs and problems, the weak spots in the social fabric. Recurrent problems revealed in the interview rooms and case records of social agencies—problems such as those involved in juvenile delinquency, child desertion, the frustrations of age, economic and other barriers to needed medical care, the destructive impact of slum living—are not simply personal handicaps to be mitigated but symptoms of current or incipient maladjustment in the functioning of the social system that cry out for remedy.

Thus in the more developed stage of social welfare organization social action takes on a character which is somewhat different from that of its pioneer days. Social action now becomes the *product* of practice as well as its progenitor. Knowledge derived from experience becomes the social worker's most persuasive instrument for social reform. In meeting the particular problems within its scope of operation, a social welfare agency has two kinds of resources at its command: its own program provisions to meet the needs for which they are appropriate, and the known facts concerning unmet needs with which to help shape a better social policy. In this way social action and program operation tend to become complementary aspects of a single function.

The Role of Social Welfare in Shaping Social Policy

Social action as an aspect of social welfare activity is only one of many influences brought to bear on social change in a pluralistic democratic society. The individual and group activities and attitudes of people in their various social roles—for example, as voters, workers, employers, parents, or residents of a particular neighborhood—will all affect the developing policies in these aspects of their lives. Social action as a welfare function must therefore be defined within its own operational limits. In this context we can only claim as a welfare function those activities directed toward social change that result from a policy decision arrived at by a social welfare organization, grouping of agencies,

or spokesman group representing part or all of the social welfare field. Such activities will typically be directed toward a change in policy, structure, or program designed to meet needs observed in social welfare practice or related to social welfare objectives. They will rely principally on facts and interpretation as the source of their influence rather than on the mobilization of political or economic power.

The objectives of social action as a welfare function do not, however, necessarily lie within the field of social welfare operations. A major purpose of such social action is to prevent the needs that require social welfare remedy. Public relief of the needy unemployed points to the urgency of more adaptable job-creating policies and more adequate unemployment insurance. Economic and social dependency due to chronic illness or disability are persuasive arguments for the early availability of medical care and rehabilitative services. Juvenile delinquency is symptomatic of a failure to provide for the developmental needs of our children. The answers to many of these problems lie in areas of social organization other than social welfare. In these situations social welfare offers not the answer but the evidence.

In other situations social welfare speaks in the role of interpreter of its own social function. These are primarily the situations in which the profession of social work is directly involved, whether as the central discipline—as in public and voluntary welfare agencies—or in a supportive role, as in hospitals, courts, and schools. Spokesmen for social welfare can be most effective when they make a clear distinction between their two voices: in the one case, they speak as authorities in a particular area of social organization; in the other, they speak as reporters and pleaders for a particular area of observed need. For example, the child welfare spokesmen who have been urging a better law relating to international adoption are speaking directly within the area of their own special competence. By contrast, social workers who plead for a broader housing law speak not as housing experts but as

observers of the human cost of slum living.

Both types of social action are essential. Policy makers cannot be expected to be themselves expert in all areas and must, therefore, have access to expert advice and information. The public interest is probably best served if such advice and information is available to them from several sources rather than being concentrated in a single bureau or agency. But perhaps the greater challenge to social welfare lies in the broader range of social problems outside its own special field, in the identifying, analyzing, and dramatizing of social needs. There is today a widespread fear among friendly critics of our social system that the complexity of its organization will overwhelm and obscure the individual needs of those whom it is designed to serve. Social welfare, if its social role is well understood in relation to the processes of social evolution, offers one built-in mechanism for breaking through structure to the individual.

The Objectives of Social Action

Social action is organized effort directed toward a change in social policy or the creation, modification, or elimination of a social institution. "Policy" is defined as a settled course of action, while "social institution" implies a continuing mechanism through which such a policy is put into effect. The decision to provide through government a compulsory system of insurance against loss of income in old age retirement constituted a "policy"; the Social Security Act and the Social Security Administration are "institutions." Clearly the relationship between the two is close: social policy can only acquire practical effectiveness through an institutional structure; on the other hand, an institution cannot function unless it is built around a policy. There have been cases where Congress has declared a "policy" without adequate institutional support: the Full Employment Act, which declares "full employment" to be the policy of the federal government, is possibly in such a category. The present painful process of adjustment to the Supreme Court decision on racial integration of the schools

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results from the necessity of giving institutional body to a declaration of policy.

Social policy in our society is by no means a monopolistic prerogative of government, even though governmental decisions and practices play an increasingly important role in its formulation. A major area of social policy lies in the economic sphere where those who provide capital, managerial skill, labor, and the consuming market play an interacting role as policy-makers. Social attitudes and customs, particularly with respect to such pervasive matters as family patterns and intergroup relations, constitute a major area of social policy to which some social agencies devote particular attention. Governmental policy decisions may take the form of legislation, court actions, and administrative decisions. They may be carried out through actual public "programs" administered by government or through the application of governmental power to the shaping or controlling of activities carried on under voluntary auspices. Social insurance and public welfare programs are examples of the former; licensing of voluntary social welfare agencies or the regulation of employee-employer relationships are examples of the latter.

Effective social action must be directed toward those who make or influence the particular policy that a social welfare group believes should be changed. It must also be related to the processes that govern the evolution of social policy. This involves a considerable degree of sophistication with regard to the structure and functioning of all aspects of social organization. As has been said of politics, effective social action is the "art of the possible." For all these reasons, efforts at an easy formula approach to social action are futile and self-defeating.

The Processes of Social Change

The strategy of social action derives from the evolutionary processes of social change. Seven successive stages in this process are described below, with illustrations drawn from the history of the social security program. While this is a major social program

which has evolved around social conditions of almost universal impact, it is believed that the same stages could be identified in almost any changing social policy.

1. *The generative change.* A change occurs in some basic area of social organization (as, for example, in the family structure or in methods of economic production) which can be expected to generate further change and readjustment. Thus, for example, the industrial revolution of the nineteenth century and the ending of free land at its close changed the basic character of American society and began the process that created the vast welfare institutions of today. Social prophets and philosophers are needed at this stage, and social welfare has produced a few of these far-seeing individuals. In addition, the concept of technical assistance is based on the assumption that experience gained in one historical setting can be applied to another.

2. *Emerging social needs.* At this second stage the generative change can be observed in terms of actual human needs. The classic report on *Life and Labour of the People of London* compiled by Charles Booth and other social investigators in 1903 is a good source of illustrative material here. In American social history the cataclysmic upheavals of the depression years dramatized the growing body of evidence concerning individual insecurity which social workers and other advocates of social change had been building for many years. In this phase of an emerging social problem, social welfare agencies have a crucial role in terms of fact-finding, interpretation, and dramatization. For a social problem is simply the sum total of many individual problems and these are the essence of the social welfare job. And no social problem can be solved, especially in a democracy, unless it is known and understood.

3. *The phase of proposition.* At this point, proposals for remedy—many of them tentative, exploratory, and even contradictory—begin to be put forward. For example, the first bill for old age assistance was introduced in the federal Congress in 1911. Senators Wagner, LaFollette, and Costigan began the seri-

ous promotion of social insurance bills in the 1920s. Organizations like the American Association for Old Age Security contributed to a growing discussion of these and similar proposals. The importance of this phase of proposition in the American governmental process is evidenced by the fact that in the last Congress over 10,000 separate proposals for changes in public policy were introduced in the form of bills, most of them involving the exploratory approach. The role of the bill in stimulating study of a public policy proposal is basic to our system of government.

In this stage of proposition, social welfare agencies have a major task to perform. In some cases they may themselves become the proposers. For example, most of the recent changes in public welfare policy have originated with those who administer the present public welfare program. In other cases, proposals put forward by others must be studied and analyzed in terms of the known needs of those served by a particular social welfare agency or a grouping of such agencies. This study, analysis, and sifting of proposals for policy change are basic to the whole social action process and constitute the principal function of the policy committees so widely found in welfare organizations.

4. *The phase of debate.* In the next stage a few proposals begin to emerge as serious contenders for acceptance, typically reflecting basic differences of viewpoint or interest. For example, in the period when pressures were developing for some form of governmental provision to assure income in old age, a basic difference shaped up between those who favored a contributory system of social insurance with benefits related to earnings and those who favored a system of flat-rate pensions. These were legitimate differences of opinion, and useful arguments were put forward that contributed to the ultimate compromise of an insurance-assistance combination. The useful role of controversy in contributing to workable public policy change should not be underestimated, since it is only through its interplay that all sides of a question can be aired, explored, and weighed.

Congressional hearings and study commissions (like the Committee on Economic Security that paved the way for the passage of the Social Security Act in 1935) create a forum and focus for such debate.

Social welfare can make important contributions to enlightened policy formulation in this stage of debate if it clearly understands its own role. While organizations of individuals may commit themselves freely, most social welfare agencies cannot identify themselves with one faction or interest without endangering their status as an instrument of the whole community. They can, however, offer evidence derived from their own knowledge and experience that may be more persuasive to policy-makers than any number of official resolutions. The role of social welfare as witness to social need is unique and indispensable in this stage of hearing and debate.

5. *The critical moment.* This is the point when decisive action becomes possible. Accommodation is made between differing points of view and a new policy is adopted. Recognition of this moment and the degree of advance toward a goal it makes possible is the very heart of social action strategy. Compromise is its essence, for it is a rare situation indeed when any one group is able to achieve its whole objective. Many organizations with long social action experience recognize this practical problem by formulating their objectives in two ways: a long-range statement of their policy goals and objectives, and a listing of immediate steps or priorities of action that seem feasible and move in the direction of ultimate goals. Compromise in this situation is an art involving the securing of a maximum immediate gain with a minimum of risk to long-range objectives. Thus, for example, changes over the years in the public assistance matching formula have tended to increase the immediate level of aid to all states and still move in the direction of an equalization principle. The extension in 1957 of federal child welfare services to urban areas was balanced by the requirement for study of the whole policy by a consultant

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group. Examples of such compromise could be multiplied indefinitely, for it is the typical pattern of policy change.

6. *The phase of execution.* The new policy is placed into operation by those responsible for its execution. Social change cannot be effected solely by a declaration of policy, and social action by interested groups must be directed at this stage to the consolidation or modification of a social institution. This may involve questions of financial support, adequate personnel, administrative decisions, or even legal testing. Social programs may be nullified by inadequate financing. An unsympathetic or reluctant administration may virtually invalidate a new policy. Unwise execution can discredit or destroy a program. Unwillingness to test a new law in court may render it inoperative. Lack of public understanding and support may make even a court decision an empty legalism. Vigilant and supportive social action can contribute to making social policy effective at all these points.

7. *The next advance.* Ours is not a static society; not only do new needs and problems constantly emerge but the ideals we seek to achieve themselves advance. Thus the new policy, the new program, carries within itself the generative seeds of new aspiration and new adaptations. For those with a commitment to the status quo this constant pressure toward change and growth is discomfiting. For social workers, whose very function is directed toward a better adaptation between individuals and their social institutions, this perpetual motion is a sign of vitality. If the new social institution or policy strengthens individuals, it will likewise strengthen their desires for a better society to which they themselves are willing to contribute. Protection through social insurance against the economic hazard of age led in turn to protection against premature death and permanent disability with commensurate increases in the taxes supporting such benefits. Today aspiration again reaches out toward some protection for insurance beneficiaries against the cost of hospital and medical care. Thus the process of adaptation moves forward with so-

cial welfare playing its appropriate role at every stage.

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SOCIAL CASEWORK is one of the methods of social work, a process by which help is extended to individual family units and/or to individual persons within or outside their families. As a social work method it is rooted in the knowledge, standards, value system, and purpose of the social work profession.¹ See SOCIAL WORK AS A PROFESSION.

The particular purpose of social casework is to help people who are suffering some impairment or breakdown in their adequate social functioning and to restore, reinforce, or enhance the performance of their daily life tasks.

The problems which undermine people's adequate social functioning and which, therefore, fall within the purview of casework are manifold. They may roughly be classified in two major categories: (1) Problems which impinge upon the family unit or individual from the social or physical environment. These are created by lack or loss of economic, social, or physical resources upon which adequate or satisfying social functioning is dependent. They are circumstances of which the person may be said to be a victim and which he experiences with varying degrees of physical, social, and emotional stress. (2) Problems which the individual brings into being, in whole or in part, by modes of behavior and interaction between himself and other persons and situations. Created by psychological disturbances these problems, in turn, create physical, social, and emotional stress in the individual himself and in the persons and milieu with which he interacts.

Frequently these two types of problems occur together. In any case, the range of human problems which are brought for social casework help, their causes, their objective significance for human welfare, and the varying

subjective ways in which they are experienced by the human beings who are involved, constitute a vital part of social casework's knowledge and concerns.

The people who are clients of social caseworkers come for help in coping with problems. Once it was only "the poor" who turned to social agencies, for money and material assistance. Since World War I there has been an increasing number of clients from other economic groups, people seeking guidance and counseling with difficulties in their social roles as parents, marital partners, wage-earners, students, and so on. Within a fairly broad economic and problem gamut, casework's clients present all the varieties of physical, intellectual, and emotional qualities that may be found in the population at large. They range from people in economic need to those who are financially secure, from those who are chronically or acutely sick to those in full health, from the mentally retarded to the intellectually superior, from the emotionally disturbed to the emotionally stable, from persons who may be considered "social failures" to those who are encountering their first unmanageable situations, from the young to the old. The common characteristic of casework's client is that in the interaction between himself and some social situation, or between himself and another person or group, he has encountered some problem which is physically, emotionally, or socially stressful and which he cannot resolve without help.

The understanding of the human being in his physical-social-psychological wholeness, his needs, drives, attitudes, and behaviors, of the social and psychological conditions by which his needs are thwarted or fulfilled and his behavior is distorted or made effective, is thus another vital part of casework's body of knowledge and understanding.

The agencies which utilize the casework method are of two kinds: social agencies whose primary function is the promotion of family and child welfare, and other human welfare agencies which use social casework as an implementation to their primary service. Among the latter are hospitals and clinics (see MEDICAL SOCIAL WORK) psychiatric clin-

¹ See Bartlett and Boehm, *infra*.

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ics (*see* PSYCHIATRIC SOCIAL WORK), schools (*see* SCHOOL SOCIAL SERVICES), and courts (*see* COURTS AND SOCIAL WELFARE). Among the former are family and child welfare agencies. These include tax-supported and voluntarily supported sectarian and nonsectarian agencies. Some family and children's agencies may concentrate on particular problems (as for example, work with adolescents, immigrants, soldier's families, and so forth). For all the range and variety of agency services, the core process of casework is essentially the same.

Schools of social work are agreed that sound preparation of students will equip their graduates to perform as competent caseworkers in many different kinds of agency settings.

As a problem-solving process the intent of casework is to help people cope more effectively with the difficulties which beset them and/or to modify or nullify the difficulty itself; and the effort is to do so in such a way that the client's own problem-solving capacities and resources are strengthened or enhanced. Thus social casework involves certain orderly, systematic procedures, methods of psychological influence, and the use of material resources.

Basic to its helping means is the establishment and maintenance of a good working relationship between caseworker and client, characterized by the caseworker's warmth, compassion, helpful intent, and objectivity and, on the client's part, by trust and some readiness to carry his share of the work to be done. Within this relationship, acceptance and expectation combine to make for a working partnership which is focused toward changes in the person and/or interaction. Within it these facts need to be determined as a basis for action: the nature of the problem; its causes and effects; the nature of the person who has the problem, especially of his interaction with it and of his motivation and capacity to deal with it, and sometimes of personality difficulties he may have which affect the problem or its solution; and the accessible resources, means, and ways to resolve or ameliorate the problem. The assessment of these facts yields what is called social diagnosis.

The ways and means of solution, or treatment, combine such therapeutic and material supports as are deemed to be necessary. Among the latter are financial assistance; homemaker service; vocational guidance; foster family or institutional care for children, the aged, the mentally ill; and so on. By these resources the caseworker meets reality needs, modifies social stress, and makes new opportunities available to his clients. Accompanying the finding and use of these services or, as is often the case, used as the sole treatment means, are casework interviews which involve the eliciting and working over of such feelings, attitudes, and behaviors in the client as are obstacles to the problem's modification. "Working-over" involves sharing, consideration, discussion of the client's conception of his problem and his relationship to it, the stress it holds for him, his feelings, attitudes, and behavior which bear upon it, his wishes and hopes in relation to it, and so on. The caseworker may, depending on his assessment of the person and situation, reassure, give guidance, encourage the free expression of feelings, relieve anxiety, support and affirm the client's own thinking and efforts, clarify the client's understanding of his situation and of himself as actor in it. As changes in feelings and perspectives are set in motion the caseworker may suggest changes in the client's modes of operation, and help him to examine alternate choices and actions and to come to some decisions as to his immediate or future action.

Whether the major need is for a specific resource or service, for counseling, or for some combination of these, the casework method always proceeds by ascertaining relevant facts, by assessing them, and by utilizing a variety of means by which anxiety and undue stress is diminished and the client's drives, abilities, and opportunities to cope with his difficulty are increased.

Development of Casework

The first social caseworkers were volunteer "friendly visitors" or paid "agents" whose purpose was both to certify a family's need

for financial aid and to attempt, by moral suasion and guidance, to rehabilitate or promote self-help of the "worthy" poor. Instituted by the charity organization movement (see THE DEVELOPMENT OF SOCIAL WELFARE PROGRAMS IN THE UNITED STATES), this dealing with social problems case by case was the beginning of individualization, of differentiating one family from another within the massed, anonymous "poor." From this experience, and from the concurrent sociological studies of poverty and crime, came the recognition of those social forces and personal endowments which shape the fates of individuals in a society. Early in the twentieth century courses for social workers were organized in the country's urban centers (New York, Chicago, Boston, Philadelphia, St. Louis) and it was not long before the idea of "the poor" gave way to that of "the client," conceived of, in the words of Mary Richmond, as a person whose "character, physical condition or circumstances, or a combination of these have made him incapable of full self-maintenance in his social setting."

The year 1917 marked a milestone in casework's development with the publication of Mary Richmond's *Social Diagnosis* (*infra*). This book presented a systematic approach to the study and diagnosis of the client's problems and articulated what have become basic tenets in casework such as the need to individualize each client, the client's right to self-determination, and the reciprocity of the client-worker relationship. A second milestone in the development of common agreements among social caseworkers was the Milford Conference and its 1929 publication *Social Case Work, Generic and Specific*.²

Stimulated by the so-called shell shock cases of World War I, prepared by earlier clinical studies in delinquency and mental retardation, and impatient to find the answers to the many problems of human behavior which perplexed them, social caseworkers in the 1920's grasped eagerly at the new knowledge which psychiatry was offering. There ensued a period of immersion in Freudian psychology, chiefly in the search for understanding of the

motivating and irrational forces in man which had thus far eluded the caseworker's understanding and hampered his effectiveness in dealing with troubled people. While this swing from the study of the outer to the inner forces of man produced some distortions in professional perception and activity, the gradual incorporation of dynamic psychology added a new dimension to casework's body of knowledge about human development and behavior. Ideas as to the interaction between the environment and personality, as to the importance of man's inner drives and motivations in achieving his goals and in dealing with his daily tasks, as to the therapeutic or harmful potentials in the caseworker-client relationship³—these and many others combined to enrich practice.

From this period on most of casework's psychological understanding was psychoanalytically oriented, chiefly Freudian, with a small sector shaping its theory and practice by the contributions of Rank. Secondary changes and mutations of behavioral theory and its implications for practice have continued to occur, reflecting changes and developments in psychoanalytic theory.

The depression of the 1930's forced attention again upon the import of social and economic forces as they affect man's daily functioning. Several notable effects resulted in casework. The loss of psychological as well as economic security among people in all strata of society reinforced recognition by caseworkers of the common human responses to crises; and the renewed awareness that men are not always able to be masters of their own fates resulted in a democratization of caseworkers' attitudes towards people in trouble. A second effect was that with the establishment of public assistance programs for meeting economic need, a staggering load of cases was lifted out of private agencies. Their caseworkers were freed to put their minds and energies chiefly to working on problems of interpersonal conflicts. While, because of this, some confusions arose as to the borderline between the domain of casework and that of psychiatry, the over-all result was

² See American Association of Social Workers, *infra*.

³ See Robinson, *infra*.

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a deepening of casework's knowledge and a considerable expansion of helping skills. On the other side, the movement by many dynamically oriented social workers into leadership positions as administrators and policy formers in the public assistance programs, injected into what had been "poor relief" the convictions, conceptions, and better practices of social casework. That these have not yet fully culminated in public agency practice is due to many obstacles difficult to overcome, but the commitment to individualization of the client, to supporting his rights and his self-determination, and to enhancing his social functioning is a continuing goal in the public assistance programs.

A complex of causes moved the focus of psychological interest in casework in the 1940's from the unconscious forces in the individual's personality and from his developmental tasks to his "ego psychology" and his current operations. Observations during the depression years of the undermining effects of social stress upon adequate personalities, and of the recovery of emotional balance when stress was relieved, gave impetus to this shift of interest. Following upon these were observations of the traumatic effects of incidents in World War II upon heretofore stable personalities and of the potential and actual resiliency of human beings who had been subjected to shattering experiences. All these cast new light upon the modes by which people strive for balance in the face of stress and upon the adaptive potentials which emerge with release of tension and meeting of security needs.

Casework practice thus revived its interest in the "social facts" of the client's life situation and in the observable current operations of his personality as the most accessible and dynamic locus for treatment of his psychosocial difficulties. The study and testing of ego functioning as the link "between disorders of social adaption and the correlated unconscious distortions"⁴ continue to absorb the attention of caseworkers.

⁴ Nathan Ackerman, M.D., in foreword to *Psychotherapy in Child Guidance*, by Gordon Hamilton. Columbia University Press, 1947.

Recent Trends

The continued uneasy aftermath of World War II, rapid and revolutionary technological changes, the mobility and changes in family life and its role network, the possibility that a different kind of problem personality is developing—the pervasive "character disorder" in place of the neurotic—these and other socio-psychological phenomena are in the forefront of interest of casework's practitioners and theorists.

A growing rapprochement between the social sciences and dynamic psychiatry has yielded a number of ideas of potential usefulness for caseworkers. Consonant with casework's focus upon the social environment are concepts such as these: role performance, as index of social functioning and as cause as well as effect of personality disturbances; culture identifications as affecting personality, behavior, interpersonal conflicts, case-worker-client relationships; class differences in behavior standards and values, as determinants of responses to given situations; social stability in its relation to personal stability; and so on. Practice has yet to test the actual value and import of these ideas for casework.

A natural accompaniment of these social-psychic orientations has been the renewed interest in the family. Always the concern of social casework with its goal of family and child welfare, always considered part of diagnostic assessment, the family is better understood today and therefore potentially better dealt with. Rather than "background" from which casework's client stems, the family currently is seen as a dynamic network within which the individual member is both actor and acted upon. Caseworkers are increasingly attempting to ascertain and then to deal with those family members in a case who are in major interaction with the problem at hand. Thus, "family diagnosis" and "family treatment" are theoretical and methodological problems in casework today.

Related to the revived social commitments and interests of casework is the strong renewed impetus to take responsibility for offering help to the "hard-to-reach" or socially

alienated client. Social agencies and their caseworkers in many places about the country are working on ways by which delinquent youth and adults may be brought into a more harmonious relationship with society's standards, and by which socially disorganized families might be helped to function more satisfactorily for the welfare of their members. Problems involved in this work are those of resistance, distrust of social workers and other persons who represent community standards, and distortions of values and of personality itself. Convinced of their social responsibility, a number of agencies and caseworkers are experimenting with ways and means of bringing the socially alienated to want and use casework help.⁵

Evidence of the maturing of casework as part of the social work profession is nowhere better seen than in the relatively recent push within it to formulate and conceptualize its empirical knowledge and to examine its practices and assumptions through systematic research. (See RESEARCH IN SOCIAL WORK). Of particular pertinence to casework are such studies as those of Hupt, Blenkner, and Ripple (all *infra*) which have importance not only because they examine basic aspects of practice (outcomes and assumptions) and pose further questions for professional consideration but also because they begin to establish the scientific underpinnings of what as practice is held to be an art. Both research and the development of theory are being given impetus by the growing number of trained social workers who are undertaking post-master's-degree work in those schools of social work which have advanced research programs.

As is the case with any vital and developing field of endeavor, a number of problems and controversial areas may be found among the concerns and discussions of casework's teachers and practitioners. A few of these may be mentioned briefly:

What was once a raging controversy between the two schools of thought in casework—the so-called “diagnostic” and “functional,” or “Freudian and Rankian”—has largely set-

tled into an acceptance of the difference in their philosophical starting points and the implications for differences in practice. In many quarters there has been recognition, too, of the contributions each school of thought has made to the invigoration of the other and to casework's general body of knowledge and skill.

The private practice of casework is apparently on the increase. Comparatively few caseworkers are completely in practice on their own; most private practice is done by caseworkers who carry a few “private” cases while employed by a social agency. Problems raised by this trend are those of what standards of training and experience should be required; the standards and means of certification and control of such practice; the professional identification of the private practitioner in casework; and the possible draining-off of manpower from already understaffed casework agencies.

Related to this trend, but occurring in all agencies which deal with problems of interpersonal difficulties, is the recurrent question as to the difference between psychotherapy and casework. Collaborative work between social casework and psychiatry (and often clinical psychology) has resulted in certain common bodies of knowledge and common methodologies. Areas of likeness bid fair to increase with psychiatry's growing interest in the social milieu, in social science concepts, and in the psychology of the “social self.” There remain, however, significant areas of practice which are exclusively those of social work and of psychiatry. Social work theoreticians are seeking to identify even more sharply the special problem areas and helping means of social casework both in order to clarify professional boundaries and responsibilities and, thence, to facilitate interprofessional communications and cooperative effort.

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⁵ See Family-Centered Project, *infra*.

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HELEN HARRIS PERLMAN

SOCIAL GROUP WORK is one of the basic methods employed in the professional practice of social work. It shares the philosophy, values and goals, bodies of knowledge, and professional skills which are germane to the profession of social work.¹ As is true for all social workers, the group worker is committed to practice which meets human needs, recognizes the worth of the individual, and accepts responsibility for helping to advance the well-being of the individual and his society.

The primary use of the group as the unit of social service distinguishes social group from other areas of social work practice such as social casework and community organization. As Marjorie Murphy has written for the 1959 Curriculum Study of the Council on Social Work Education, "By social group work is meant the systematic ways in which the worker affects social and group process to achieve specified objectives. . . . At the present time the professional social worker using group work method must be equipped to work both directly and indirectly with service groups and their members."² It is *in* and *through* the group that members or clients are helped by the social group worker toward increased, improved, or changed so-

¹ Greenwood, Ernest. "Attributes of a Profession," *Social Work*, July 1957.

² See Murphy, *infra*.

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cial functioning.³ Social group work provides the actual group experience in which positive social relationships may be formed in the achievement of group purposes which aid individuals in their social maturation, as children, adolescents, or adults.

As early as 1935 Grace Coyle identified the primary purposes of group work as meeting social interests and needs of individuals through the medium of group experience which is both individually developing and socially useful.⁴ The practice of social group work is not limited to a concept of individual adjustment but also offers resources for personal and social development within the framework of societal relationships, norms, and values which help individuals meet their respective and mutual societal requirements. The individual member of the group is viewed as an active participant in creating conditions favorable to his personal growth and socially acceptable within his culture.

A thorough understanding of the interaction of individual and group behavior combined with competent skills in working with the "group" within the "community" and "society" are basic to the practice of social group work. Groups provide a medium for the satisfaction of basic needs of the individual and as a channel for affecting the social structure.⁵ The way of doing this, or the

method employed by the social worker, includes knowledges and skills which are (a) basic to all social work practice and (b) distinctive for the use of the group as the unit of social service. The social group worker is both educated and disciplined purposively to affect group process for the achievement of social work purposes in terms of help to clients. These purposes have been identified by Werner Boehm as follows: "More and more it appears that social work is essential at that point in the interaction between the individual and his social environment where, either through limitations within the individual or because of his situation and the nature of his environment, effective functioning is hampered or has broken down."⁶

Group experience exists within the societal structure through its major institutions. A variety of group opportunities exist under educational, recreational, religious, and cultural aegis. These also contribute to the social well-being of individuals and their community life. It is not assumed that all persons need or avail themselves of social group work services under agency or organizational auspices. Rather, a selective process occurs on the part of the individuals needing social group work services and on the part of the agencies seeking to render them. The worker, the clients, and the agency are assessed for suitability respectively to give, receive, or sponsor social group work services. Such services are offered in social welfare, health, and educational agencies.

Also, it is recognized that the social group work method is not applicable to all groups,⁷ although groups for whom social group work is a suitable method are increasing in number in a variety of sponsoring agencies and institutions. Methods other than social work are also used to serve groups in social welfare, health, and educational agencies. A current issue for the profession lies in the determination of what kinds of individual and group needs can be met best through the use of

³ By "social functioning" in this sense is meant that the individual is encouraged to evoke his power to marshal himself in interaction with his associates toward the creative expression of his desires and toward the solution of problems which affect their mutual well-being. This places accountability with the individual in interaction with others as a contributor, using his innate and acquired capacities for social functioning at all levels in his maturation process. (Adapted from Murphy, Gardner, "Personality and Social Adjustments," *Social Forces*, 15:472-476, 1937, and Jahoda, Marie, "Toward a Social Psychology of Mental Health," in *Problems of Infancy and Childhood*, Milton J. E. Senn, Editor Trans. Fourth Conference, Supplement II, Josiah Macy, Jr., Foundation, New York, 1950.)

⁴ Coyle, Grace L. "Group Work and Social Change" in *Proceedings of the National Conference of Social Work, 1935*. University of Chicago Press, Chicago. 1935.

⁵ Kaiser, Clara. "The Social Group Work Process" in *The Social Group Work Method in Social Work Education*, appendix. Council on Social Work Education, New York. 1959.

⁶ Boehm, Werner. "The Nature of Social Work," *Social Work*. April 1958.

⁷ See Kaiser, *op. cit.*

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the professional disciplines of the social group worker.⁸ In 1952 Gertrude Wilson suggested criteria for the classification of group work service needs as an aid in administrative planning of services and assignment of appropriate staff in relation to diagnosed need.⁹ This continues to be an area for inquiry, as was reported in the 1956 pilot study of Social Group Work Practice sponsored by the Group Work Section of the National Association of Social Workers (NASW). Since the scarcity of workers with professional social work education impedes professional development to match client demands, it is imperative to assign social group workers only for services requiring the use of this method.

Function and Agency Settings

Social group workers currently may practice in a variety of agencies and institutions such as settlements and community centers under sectarian or nonsectarian auspice; youth-serving organizations such as the Scouts, the Y's, Boys' Clubs, Camp Fire Girls, Catholic, Protestant, or Jewish youth organizations, or the Salvation Army; in 4-H Clubs, public housing projects, correctional institutions, and resident and day centers for children, adolescents, or the aging; in general and psychiatric clinics and hospitals; and in specialized programs for the physically, socially, and/or emotionally handicapped persons.

Social group work services are distinguished from other group services by the use of the social work method. "The group worker enables various types of groups to function in such a way that both group interaction and program activities contribute to the growth of the individual and the achievement of desirable social goals."¹⁰ The

purpose and structure of the sponsoring agency or institution are critical factors in determining whether social group work is needed and how this method is used to serve clients. Helen Phillips has defined the agency's function with regard to the groups within it as follows: "The function of the group work agency is to provide group experiences—the kind of experiences that, through appropriate structures and enabling leadership, will contribute to the agency's purposes of effecting the social growth of the group's participants and the development of group units in the direction of social usefulness."¹¹

In the field of group services some confusion is evident as to those functions which are social service and those which fulfill recreational, educational, or related community needs. Where this occurs the appropriate assignment of professional social workers to "direct" and "indirect" services to clients is not possible. Among agencies which use the group work method, it would be difficult to find one whose services are not to some extent multi-functional. This situation applies both in settings such as neighborhood and community centers, youth agencies and camps; and in social agencies, clinics, hospitals, and institutions. In many agencies the practice of social group work may be only one of the methods employed. "Means are needed to distinguish less haphazardly be-

the practice of group work is the knowledge of individual and group behavior and of social conditions and community relations which is basic on behavioral and social sciences. On the basis of this knowledge the group worker contributes to the group with which he works the skill in leadership which enables the members to use their capacities to the full and to create socially constructive group activities. He is aware of both program activities and interplay of personalities within the group, and between the group and its surrounding community. According to the interests and needs of each, he assists them to get from the group experience the satisfaction provided by the program activities, the enjoyment and personal growth available through the social relations and the opportunity to participate as a responsible citizen. The group worker makes conscious use of his relation to the group, his knowledge of program as a tool and his understanding of the individual and of the group process and recognizes his responsibility to individuals and groups with whom he works and to the larger social values he represents."

¹¹ See Phillips, *infra*.

⁸ The present discussion is limited to group work method as social work practice. See ADULT EDUCATION, CAMPING, SETTLEMENTS AND NEIGHBORHOOD CENTERS, and YOUTH SERVICES for descriptions of services in which the social group work method may be employed.

⁹ Wilson, Gertrude. "Measurement and Evaluation of Social Group Work Practice" in *The Social Welfare Forum*, 1952. National Conference of Social Work Proceedings. Columbia University Press, New York, 1952.

¹⁰ From a 1949 statement adopted by the American Association of Group Workers, Further: "Underlying

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tween social work functions and other functions which group units are designed to fulfill."¹²

Volunteer and Professional

Historically, group services developed because of efforts of volunteer and employed workers without professional education for social work. Professional standards for social group work practice are now evolving with appropriate distinctions as to those services to be rendered by social workers and non-social workers, respectively. While direct services to clients under professional social workers have increased in recent years, services to clients under lay or volunteer leadership have doubled. Commitment to the contribution of volunteer leaders of groups in youth-serving agencies and community centers is still strong. A current question is how to differentiate in the utilization of social workers, group leader aids, and volunteer leadership in group services. Grace Coyle has recommended that study be undertaken to learn what kinds of groups can effectively be served by workers who have incomplete or no social work education, and what social problems and group situations require professional knowledge and competence.¹³

The relative roles of the professional and volunteer workers may differ only as the agency defines their respective functions and as professional social work competence demonstrates such differences. Ruby Pernell suggests that the more highly specialized agencies which require specific professional knowledge and skills may find it easier to decide how to use the professional workers than the agencies which are broadly based in the community, and dependent upon voluntary involvement of membership and sponsorship.¹⁴ Agencies may benefit by an examination of the content of their services in relation to competencies required to serve clients, as

one basis for distinguishing between services by social workers and non-social workers.

"The function of the social group worker is a helping or enabling function: this means that his goal is to help the members of the group and the group as a whole to move toward greater independence and capacity for self-help."¹⁵ Direct functions include services to clients; indirect functions include administration, supervision, consultation, community organization, and educational and research activities which facilitate social group services. The 1959 Curriculum Study of the Council on Social Work Education states that "Increase of direct, face-to-face practice with service groups by professional workers is needed to improve present services and to continue development of social group work."¹⁶

Robert Vinter says that "only those skills and practices directly necessary for serving clients in groups are the core competencies distinctive to group work."¹⁷ Gertrude Wilson has pointed out that indirect services mean the "receiving" by the agency of help in behalf of clients through work of committees, boards, councils, agency staff, and volunteers.¹⁸ Helen Northen places direct services to client groups as the basic function of the social group worker, with secondary functions including administration, community organization, education, and research; and says, "in performing any of these functions, the social group worker bases his activities on the philosophy, goals, body of knowledge, and professional skills that comprise the profession of social work, and special knowledge and skills in use of the groups as a unit of social service."¹⁹

¹⁵ See Konopka, Gisela, "The Generic and Specific in Group Work Practice in the Psychiatric Setting," in Trecker, ed., *Group Work in The Psychiatric Setting* (*infra*).

¹⁶ See Murphy, *op. cit.*

¹⁷ Vinter, Robert. "Group Work: Perspectives and Prospects." Paper delivered at the 1959 Annual Meeting of the National Conference on Social Welfare.

¹⁸ Wilson, Gertrude. "The Social Worker's Role in Group Situations" in *The Social Group Work Method in Social Work Education*, appendix. Council on Social Work Education, New York, 1959.

¹⁹ Northen, Helen. "Interrelated Functions of the Social Group Workers," *Social Work*, April 1957.

¹² See Murphy, *op. cit.*

¹³ Coyle, Grace. "Some Basic Assumptions about Social Group Work" in *The Social Group Work Method in Social Work Education*, appendix. Council on Social Work Education, New York, 1959.

¹⁴ Pernell, Ruby B. "Professional and Volunteer Workers in Traditional Youth-Serving Agencies," *Social Work*, January 1957.

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Current Examinations of Practice

Examination into the nature of social group work practice and method now promises to parallel inquiries into its history, philosophy, and goals. Evidence of this is from several sources. The Commission on Social Work Practice of the NASW is currently undertaking the formulation of a research design to examine selected aspects of social work practice, including social group work.²⁰ The 1956 Committee on Practice of the NASW initiated a pilot study to further examine components of the social group method, and a current committee of the Association, appointed in March 1959, is continuing this task. A committee of practitioners and teachers of social group work has formulated a statement on "Description of Practice Statement for Group Service Agencies,"²¹ the significance of which lies in the pioneering effort to separate the description of the field from the social group work method.

Although research in social work lags behind advances in practice, especially in an area which has progressed as rapidly as group work, there are increasing efforts made by social group work practitioners to use research techniques in studying problems stemming directly from practice. Chapter group work sections of NASW are focusing attention on the identification of techniques in reaching the hard-to-reach individual or group; the use of authoritative settings; common areas in casework and group work practices; use of volunteers in providing group leadership; group work in treatment settings; professional criteria for group work services; group processes in administration of services; use of group work in public recreation; program developments in membership organizations; and fee scales for individual and family services. Studies by individuals and agencies hold promise for continued efforts toward professionalization through cognitive use of knowl-

edge and skills which have been identified and substantiated through disciplined inquiry. Social and behavioral scientists in universities are being used to furnish substantive aids, along with researchers who offer consultation on methodology: all aimed at increasing the area of the "known" for social group work practice. Theses at both the masters and doctoral level are producing material which may be utilized in the refinement of the group work method, with some using the actual case study toward understanding processes of this method.

There is increasing interest among professional social workers and others in the dynamics of group process. This includes insights and knowledges which are derived from the behavioral and social sciences and from the accumulative experience of social work practice. Social group workers make specific use of such knowledge as it is germane to their practice. Social caseworkers, too, are currently concerned about knowledge of group process in respect to their use of groups in their distinct area of practice. Disciplines other than social work such as health, education, and religion are also seeking such knowledge as useful to their primary functions. The use of groups for such purposes, however, is not the same as their relationship to the use of the social group work method. While knowledge of group process is considered professional content common to several professional disciplines, its primary utilization in the social group work method as the unit of social service is distinctive.

Current inquiry into the administrative aspects of social group work practice has been given considerable attention by the profession. In many agencies, practice is heavily weighted in administrative functions which facilitate group service for clients. Of equal significance currently is the attention to community organization aspects of practice. This has increased with the initiation of group services for the "hard-to-reach" clients; delinquency prevention and control programs; services to the physically or mentally handicapped; services to the aged, the new or in-migrant families in housing projects, and

²⁰ Bartlett, Harriet M. "Toward Classification and Improvement of Social Work Practice," *Social Work*, April 1958.

²¹ Unpublished material prepared by an ad hoc committee. To be released by the Council on Social Work Education.

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so forth. In both the administrative and community organization aspects of social group work practice, the "community" is viewed as a resource of potential aid, the reservoir of values and norms, and the instigator through socio-economic, political, and cultural forces. Every worker deals with the "community" as clients bring a complex of values and norms, patterns of behavior, and problems for solution, which have deep roots in family, neighborhood, work, and citizenship activities. These are brought in bold relief as "this member" of society expresses them in the actual group experience.²²

Historical Background

Organized activity within voluntary group associations of people, stimulated by a sponsoring person or agency and called club and recreation work, is more than a century old. During its early history, there was development in both the content of program and the skills in working with groups, in such agencies as the Young Men's and Young Women's Christian Associations, settlements, and centers located usually in congested and low-income neighborhoods. Identifiable social, economic, emotional, and physical needs were often present in persons making up the membership of these groups. Focus of program was on adult education and leisure-time and recreational activities; and on securing necessary social reform with reference to such matters as health and sanitation, legal aid, housing, mothers' pensions, and child welfare.

By the 1920's the terms "group work" and "group worker" were being used, but the rank and file persons who worked directly with groups were identified with their agency and were known as settlement workers, secretaries of organizations and societies, "Y" secretaries, Scout workers, and so on. Those who were assigned leadership responsibility for clubs or other groups within these agencies were known as group workers. The philosophy of John Dewey had a profound

effect on the informal education methods which were used by early workers in these leisure-time agencies. At this same time, a great interest in discussion method as a means of creative, democratic group procedure was stimulated by the work of Mary P. Follet in the dynamics of the group process.

Not until a school of social work²³ established a course offering professional education to those who work with groups was a classification made, in terms of method, to include persons in any agency who used this given method. The course was first described as "Group Service Training Course." By the early 1930's the term "social group work" was used to distinguish it from social casework, the other practices method in the graduate school of social work at that time.

Stimulated by the development of a curriculum in social group work by a school of social work, by courses and institutes sponsored by social agencies, and by the formation in 1936 of an association to study methods and practices, many workers of recreational and informal educational agencies came to regard themselves as "group workers." This assumption of title soon made the term "group worker" synonymous with anyone who worked with groups. Subsequently the group worker and the professionally educated social worker were distinguished by referring to the latter as a social group worker.

In these early days, principles and practices of progressive education and recreation were used primarily. As the significance of the use of social interaction among group members became more evident, the behavioral and social sciences were sought for insights on individual needs and drives and dynamics of group process and achievement of group goals.

Within a few years much progress was made in identifying group work as a method in social work. Courses in group work were being offered in some schools of social work. Local councils of social agencies were establishing group work divisions. The National Conference of Social Work in 1935 included

²² Trecker, Harleigh. *Social Group Work; Principles and Practices*. Whiteside Press, New York. 1955.

²³ School of Applied Social Sciences, Western Reserve University in 1923.

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group work as a division in its annual program meeting, bringing together a larger group of interested persons. At the National Conference in 1936, this interest took shape in the organization of the American Association for the Study of Group Work. Tremendous progress has been noted between 1935 and the present with respect to the development of group services, definition of purposes and goals, and description of existing practices among workers in many agencies and through their professional organizations.

For over three decades workers in settlements, Y's, and sectarian and nonsectarian community centers have contributed their experience and knowledge from working with groups toward identification and formulation of the social group work method. This has been in accord with the requirements of a profession that: (a) method must be separated from a specific agency or setting; (b) professional education of workers must be delegated to professional schools within universities; and (c) use of the specific method must be made within a wider range of community agencies and services.

In 1955 the various professional associations of social workers joined to create a single professional organization, the National Association of Social Workers, within which the needs and interests of the specializations would be served through sections. The American Association of Group Workers (formed in 1946 as successor to the American Association for the Study of Group Work) joined the single organization, thus declaring itself a part of the social work profession. In giving up their separate organizational autonomy, social group workers gave public recognition to their identification as social workers. This step toward integration continues to hold promise for group work specifically as well as for social work as a whole. However, while social group work services have increased in agencies under voluntary and governmental auspice, the employment of professionally prepared social group workers, in contrast, is not keeping pace with such developments in communities across the United States.

Professional Education

Before 1920, education and training was the concern of individual agencies providing group work service. Some national organizations, including the Girl Scouts, Boy Scouts, and Camp Fire Girls, gave brief but intensive training courses to prospective workers. The settlements, in particular, used a kind of apprenticeship in which new workers were supervised by the more experienced.

In 1923 the first training course in group work in a school of social work was set up at the School of Applied Social Sciences at Western Reserve University. Group work was also being taught in the 1920's at Carnegie Institute of Technology, Northwestern University, and in George Williams College and Springfield College, the training schools for the YMCA's. While some of the agencies retained facilities under their own auspices and some felt they properly belonged to university education rather than to agencies, the trend began in that decade to move to the position that professional education can be best secured in schools of social work of colleges and universities.

When in 1936 the American Association of the Study of Group Work was organized one of its most active committees was that concerned with professional education. In 1939, the committee began a study of the professional courses in group work then offered by schools of social work or in colleges and universities on both graduate and undergraduate levels. The results of this study were formulated into an official statement, "Professional Education for Group Work Practice," accepted by the American Association of Group Workers in 1947. This statement made the distinction between in-service and professional training, the respective functions of school and agency, and the content and method of training for the professional practice of group work.

During the 1940's the American Association of Schools of Social Work recommended the inclusion of group work courses in the graduate curriculum of its member schools of social work, of which less than half offered

a sequence in group work. Now nearly every accredited school of social work offers at least a course in group work, and over half offer a full sequence of group work courses. There is an increase in the number of schools of social work which have either initiated or included professional preparation for social group work practice. This bears evidence of the increasing recognition of this method of professional social work practice. There is less evidence, however, for any substantial increase in numbers of students who choose social group work. This is in contrast to the demands in community services for social group workers.

With the publication in 1951 of the Hollis-Taylor report on social work education²⁴ and the organization of the Council on Social Work Education, a number of schools undertook studies which have resulted in a more unified curriculum for all social workers. Within the two-year sequence a student will complete the basic educational program offered all social work students. The social group work methods courses and the field instruction differentiate the educational program of the social group work student.

The two-year graduate curriculum is a plan of field and class instruction to equip the professional worker to practice a selected method and to perform functions within the requirements of the social work profession. Social work education does not include the detailed and explicit examination of every program and service. It is assumed that professional content and skill enables the worker to render social service with beginning professional competence.

Recognition that the social group work method is not dependent on setting, program, or agency has stimulated further inquiry of practice. In an effort to refine the group work method the professional education committee of the American Association of Group Workers in 1954 asked individual practitioners and agency committees to submit for study and analysis their experience reports and group

process recordings. From such study, components in professional education for social group work practice were identified, and subsequently adopted as a curriculum guide. See EDUCATION FOR SOCIAL WORK.

Several recent developments in the practice of group work may be said to have affected group work education. These include the extension of group work into new settings, such as general and psychiatric hospitals and clinics where the group worker is a member of an interdisciplinary treatment team, in children's institutions, in programs for prevention and control of delinquency, in services to the aged, in housing projects, and in other services aimed at helping physically, mentally, or socially disabled individuals and groups.

Social group work has been greatly influenced in the past by developments in the social sciences, especially sociology and anthropology, by educational theories, and by psychology and psychiatry. The fabric of its program content gave recognition to democratic processes as these affect individuals and their families in relation to the politics, economics, and culture within and between neighborhoods, communities, and nations. The services provided by the many agencies and organizations employing group workers reflect their flexibility and response to the dynamic social scene in which social needs are changing even as they are being met.

Within the community centers and youth-serving organizations where traditionally most group work is practiced, modifications and extensions of programs are being made to meet the challenges of a rapidly changing social, economic, and cultural climate. Increased mobility has, for example, resulted in change in quality as well as in the kinds of programs being offered. This is most dramatically demonstrated in the building-centered agencies which have been experimenting with decentralized units of service and the establishment of neighborhood and suburban branches in areas of social need stemming from demographic changes in population by age, family composition, and so forth; and

²⁴ Hollis, Ernest V. and Alice L. Taylor. *Social Work Education in the United States*. Columbia University Press, New York, 1951.

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have joined with other agencies to offer mobile units and detached workers to work directly with groups of local clubs and interest groups. Many of these developments are adaptations and modifications of existing programs. The method used, however, demands skilled leadership on the part of the professional group worker whose responsibility it is to enable groups on the basis of diagnosed psychological and social needs to help members improve or increase their social adjustment.

Charles S. Levy has recently stated that "the profession of social group work has evidently moved forward rapidly, but the practice of social group work is apparently out of step."²⁵ He suggests that one reason for this gap lies in the historical development of group work as identical with settlement and youth-serving agency programs. Currently social group work is defined as the practice of professional social work in a variety of agencies and institutions. A plea is made for a methodologically sound practice towards more effective service. Jacob I. Hurwitz also suggests that "improving the quality of direct service to clients would advance significantly the stage of professional development of social group work. We suggest further that such an improvement in quality of service can be achieved in part by converting group work from a method guided largely by intuition into one which is methodologically sound, i.e. which conforms to the principles of orderly procedure."²⁶

The 1959 Curriculum Study of the Council on Social Work Education makes a substantial contribution both to the education for and practice of social work. The project report by Marjorie Murphy in *The Social Group Work Method in Social Work Education* suggests a major professional task to be undertaken is the examination of the essential components of the social group work method. "Logically, the known components of social group work method, at any given

time, provide the main source for formulating educational objectives of the group work curriculum."²⁷

In addition to the challenging professional task of defining social group work method, other equally important problems are begging for solution. Among these are: recruitment of able persons to prepare themselves through professional education for social group work practice; examination by agencies of group services requiring social workers, with subsequent assignment to these; research into professional practice with respect to client needs, treatment measures and results; personnel selection and classification with regard to matching assignments of staff by competency and method required; and inquiry into the content of volunteer services. Through these and many other tasks there appears a recurring need for continued research into the "primary use of the group as a unit of service."

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²⁵ See Murphy, *op. cit.*

† For addresses of periodicals listed see Appendix.

²⁵ Levy, Charles S. "Is Social Group Work Practice Standing Still?", *Social Work*, January 1958.

²⁶ Hurwitz, Jacob I., "Systematizing Social Group Work Practice," *Social Work*, July 1956.

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JUANITA LUCK COGAN

SOCIAL INSURANCE is usually a plan by which government collects contributions from the individual and/or his employer in order to build up a fund from which to compensate him for part of the loss resulting from the risks covered by the program. In some instances, rather than collecting contributions and building up a fund itself, government demands that employers insure their workers through private arrangements. In the United States, the program of old-age, survivors, and disability insurance is an example of social insurance programs operated in their entirety by government; workmen's compensation is an example of those programs in which private underwriters are active. The usual risks covered by social insurance are unemployment, sickness, disability, old age, and death. Benefits take the form of either cash indemnity or medical-care services.

Government has assumed this responsibility for social insurance not only to protect the individual but also to serve wider community aims. Modern democracies cannot tolerate extreme poverty and suffering by its citizens. Persons in need, therefore, will be provided for by the community in some manner. Social insurance is considered preferable to the other most widely used means of providing for those in need, public assistance. Although social insurance benefits are received only after a specific wage loss or other event has occurred, the beneficiary is not required to first make use of his savings or other resources as in the case of public assistance. As a result he is thus better able to maintain his self-

respect, to re-establish himself when the cause of his need is removed, or, if the cause is a permanent one, to maintain reserves for contingencies.

Social insurance is also preferable to public assistance from a fiscal point of view. As social insurance payments come from a special fund built up over the years by tax-like contributions, it is usually not necessary to draw upon general revenues in order to pay benefits. On the other hand, it may be argued that as large modern democracies must tax those with relatively low incomes in order to have sufficient funds to support their extensive operations, including payments to those in need, collecting social insurance contributions is a way of obtaining sufficient funds from middle and low-income groups with a minimum of tax resistance. Finally, social insurance serves the community by maintaining consumption. This advantage is most obvious in the case of unemployment insurance, in which benefits promptly paid tend to have an anticyclical effect. The maintenance of a minimum level of consumption by the aged, the sick, and the disabled, and other unemployed, however, also helps stabilize the economy.

Except for the fact that it attempts to spread, over a period of time and among large groups of people, the cost of risks to which all are subject, social insurance is most unlike private insurance, and only confusion results when they are compared. The credit and power of taxation of the state or nation are behind social insurance programs operated entirely by them. It is not necessary, therefore, for whatever reserve fund is established to be large enough to meet all possible contingencies, nor need there be a direct relationship between contributions paid and benefits received. Social insurance is essentially a method chosen by legislative bodies to raise funds and distribute benefits necessary to maintain eligible individuals at a level of living considered minimal.

Public assistance with its payments based on a means test is not the only alternative to social insurance. Other nations have made widespread use of universal flat payments

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which are made to all persons fulfilling certain objective eligibility requirements regardless of personal income and savings. In Canada, for example, old-age security payments and family allowances are of such nature. Old-age security payments are financed by earmarked revenues and family allowances by general revenues. *See* CANADIAN SOCIAL WELFARE.

History

Workmen's compensation was the first type of social insurance to be developed in the United States. Following a quarter-century of European experience, and in response to the reform temper of the times, ten states adopted such programs between 1910 and 1911. By 1920 thirty-six states had workmen's compensation laws. Arkansas (1940) and Mississippi (1948) were the last states to enact such legislation.

Unemployment insurance was the next type of social insurance to be developed. The plight of the unemployed was emphasized during the depression of the 1930's, and first Wisconsin and then six other states adopted unemployment insurance legislation before August 1935, when the Social Security Act became law. None of these state laws were operative, however, until federal aid became available. By June 1937, all states had enacted unemployment insurance legislation.

The 1935 Social Security Act also established a federal contributory system of old-age benefits for most workers in industry and commerce. The very concept of this program was changed in 1939 and 1956. In 1939, benefits were made available to dependents and survivors of retired and deceased workers. In 1956, benefits were first payable to totally disabled persons at age 50. Through successive extensions of the coverage of the program, over 90 per cent of the working population is included at present.

As compared with other nations, the United States has been most backward in its provisions for the cost of medical care and for wage loss due to sickness and disability. For costs of medical care for the general population the United States has depended almost

entirely upon private arrangements. Only four states (California, New Jersey, New York, and Rhode Island) have provided compensation for wage loss due to sickness and temporary disability. For permanent disability, only workmen's compensation for disabilities resulting from work injuries and federal disability payments for those aged 50 and over and for certain disabled children of retired or deceased workers are available.

Despite its present limitations, social insurance has made remarkable progress since the Social Security Act was passed. In fiscal year 1937 all social insurance benefits in the United States totaled \$473,000,000. This represented 0.5 per cent of the gross national product. Twenty years later all social insurance benefits totaled \$12,500,000,000, which was about 3 per cent of the gross national product.

OLD-AGE, SURVIVORS, AND DISABILITY INSURANCE (OASDI)

This program is administered in the federal government by the Social Security Administration, one of the units of the Department of Health, Education, and Welfare. It is entirely within the jurisdiction of the national government. The scheme provides monthly retirement benefits to fully insured workers at age 65 or over (or, for women workers, at age 62 if they elect to receive a reduced benefit) and supplementary benefits to their wives, if they are aged or have a child of the earner in their care; to aged dependent husbands, and to dependent children under age 18, or older if the child has a disability that began before age 18. Monthly survivors benefits are payable to certain dependents of fully or currently insured workers. Monthly disability dependents benefits are payable to fully insured individuals who have also been in covered employment during 20 of the last 40 quarters preceding onset of disability and who are between the ages of 50 and 65 with a disability that meets the definition of the Act. A lump-sum death payment is made in the case of all insured deaths.

Covered workers and their employers each pay contributions of 2½ per cent of the first \$4,800 of the worker's annual wages. The

rate is scheduled to rise by steps until it reaches $4\frac{1}{2}$ per cent in 1969. Self-employed persons pay 1.5 times the employee rate. An amount equal to the contributions collected is appropriated by Congress for deposit in the Old-Age and Survivors Trust Fund, from which benefits and administrative costs are paid. One fourth of one per cent of the contributions collected from employers and employees and $\frac{3}{8}$ of 1 per cent collected from the self-employed are allocated to a separate disability trust fund from which disability benefits are payable.

Benefits

The amount of benefit payable under OASDI is related to the amount of earnings on which social security taxes were paid. Benefits in all cases are figured from the primary benefit, which the Social Security Act describes as a percentage of the average monthly wage. This average monthly wage is computed for each applicant for benefits by totaling all wages credited to the covered worker's account and dividing by the total number of months since he was 21 years old or since 1950, whichever yields the larger figure. Because of this device of the average monthly wage, the primary benefit reflects not only level of covered earnings but also regularity of work in covered employment. Therefore, an individual who for some reason withdraws from the labor force for a period of time will have a lower primary benefit than one working consistently, regardless of the fact that their wages might be identical. In order to relieve some of the hardship caused by this provision, the five years of lowest wages are now ignored when computing the average monthly wage. In addition, the earnings record of a worker may be "frozen" if he has a disability which has lasted more than six months and is expected to continue indefinitely.

Congress periodically attempts to adjust the level of benefits to changes in the cost of living, both by revising the percentages of the average monthly wage that will determine the primary benefit and by increasing the tax base and thereby the base from which ben-

efits are computed. As a result of the 1958 amendments to the Social Security Act the maximum primary benefit which is payable only to a retired or disabled worker was \$127. Benefits to dependents and survivors are determined as percentages of the primary benefit. The maximum family benefit in 1958 was \$254 per month or 80 per cent of the average monthly wage, whichever was smaller. The minimum benefit for an individual was \$33; for a family, \$53.

Attachment to the labor force is also a criterion for determining eligibility for benefits. Eligibility depends upon a worker's "insurance status," which is determined on the basis of the number of quarters of coverage he has. (A "quarter of coverage" is a three-month period in which a person is paid at least \$50 in covered wages or is credited with at least \$100 in covered self-employment.) To be eligible for all benefits an individual must be fully insured, which means he must have a minimum of 6 quarters of coverage and at least one quarter of coverage for every two quarters elapsing after 1950 or after the quarter in which he reached age 21. When an individual has worked a total of 40 quarters in covered employment, however, he is fully insured permanently.

Eligibility for certain survivors' benefits is conditioned on only recent attachment to the labor force by the deceased worker. Although most survivors of fully insured workers are, of course, entitled to benefits, most survivors of currently insured workers are also eligible. The only requirement for current insurance status is that the worker must have had at least 6 quarters of coverage in the last 13 quarters preceding his death.

Special work requirements have been set for the disability freeze and for benefits. In the case of each, the worker must be fully insured and, in addition, have had 20 quarters of coverage in the last 40.

OASDI benefits are also conditioned by the so-called "retirement test." A beneficiary under age 72 may lose his right to some benefits if he earns in excess of \$1,200 per year. No benefits, however, are withheld for a month during which he neither earned wages of

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more than \$100 nor rendered substantial services in self-employment. Income such as that from property, investment, and insurance does not affect payment.

Coverage

Approximately 75,000,000 workers were under old-age, survivors, and disability insurance coverage during the course of the calendar year 1958. An additional million workers of the railroad industry were covered by railroad retirement which is closely coordinated with OASDI. Altogether, nine-tenths of all persons in paid employment or self-employment were covered or could have been covered by OASDI in June, 1958. This included employees of state and local government and nonprofit organizations for whom coverage is available on a group-election basis, clergymen for whom coverage is available on an individual voluntary basis, and members of the Armed Forces.

Operations

In January 1959, 12.6 million persons were receiving benefits at a monthly rate of \$759,700,000. Men aged 65 years and over and women aged 62 and over comprised 10,300,000 (82 per cent) of the beneficiaries; 7,000,000 were retired workers and 3,300,000 were wives or dependent husbands of retired workers, or widows, dependent widowers, or dependent parents of workers who had died. Of the remaining 2,300,000, over 1,600,000 were children, some 354,000 were mothers, and almost 250,000 were disabled workers aged 50 to 64. The average old-age insurance benefit paid to a retired worker who had no dependents also receiving benefits was \$67.50 per month. When the worker and his wife both received benefits, the average for the family was \$119.40. Families consisting of a widowed mother and two children received on the average \$165.00.

History of Amendments

The program as established by the Social Security Act of 1935 was a relatively simple one designed to pay (a) old-age benefits to the worker when he retired at or after age

65 and (b) cash refunds to survivors of the wage earner and to living workers aged 65 who had not been in covered employment long enough to qualify for monthly benefits. The benefit formula was weighted in favor of the worker with short service or low wages; long service, however, brought increased benefits. The program was financed by employer and employee, each of whom paid 1 per cent of the worker's salary on the first \$3,000 per year. The tax was scheduled to increase gradually at regular intervals. Only workers in industry and commerce were covered. Contributions were first collected in 1937, and the first benefit payments were to be made in 1942.

The first amendments to the Act occurred in 1939 and drastically altered the program. Benefits were made payable to dependents and survivors; the method of computing benefits was changed to that now in effect, except that 1 per cent of the average monthly wage was added for each year the worker had wage credits amounting to at least \$200; cash refunds were eliminated and small lump-sum death benefits were substituted; and the proposed tax increase for the next year was removed.

Between 1940 and 1949 the only substantial action taken by Congress in regard to the program was to postpone the increase in tax rates. The rate was frozen at 1 per cent until 1950, when it was raised to 1.5 per cent.

Important changes in the Act were made by the Amendments of 1950. Coverage was greatly extended by bringing in such groups as the non-farm self-employed, regularly employed farm and domestic workers, employees of nonprofit institutions, and state and local government employees not covered by a retirement system. These amendments also greatly liberalized the retirement test, set forth a long-range schedule of tax rates, and raised the maximum earnings base to \$3,600 per year. The 1952 amendments further increased benefits and liberalized the retirement test.

Coverage was again extended in 1954, this time to include almost all types of employment. Additions included self-employed farm-

ers, state and local government workers under retirement systems, ministers, and many self-employed professionals. Benefits were raised again, and the retirement test was once more liberalized. The maximum annual earnings base was also increased, this time to \$4,200.

A significant innovation of the 1954 amendments was the "disability freeze." This was followed in 1956 by disability payments to insured workers aged 50 to 64 and benefits to disabled children over age 18 of retired or deceased workers if the disability occurred before age 18. To finance these disability benefits the long-range contribution schedule was increased $\frac{1}{4}$ of 1 per cent each for employer and employee, and $\frac{3}{8}$ of 1 per cent for the self-employed. A separate disability insurance trust fund was established. A second major departure from earlier legislation was the lowering of the minimum eligibility age from 65 to 62 for women workers, wives of retired workers, and widows and dependent mothers of deceased insured workers.

UNEMPLOYMENT INSURANCE

Federal-State System

Unemployment insurance is administered by each state; and, apart from several rather broad and general requirements set by the federal government, each state has been free to develop the particular program that seems most suitable to conditions prevailing within it. Consequently, no two state laws are alike and differences are increased by amendments from year to year. State unemployment insurance laws pay benefits to unemployed workers who meet the qualifying conditions specified in the state law. In most states a waiting period of one week must be served before payments begin. Benefits are payable for a maximum number of weeks, ranging from 16 to 30, although recently some states have provided for an extension of the benefit period during times of serious and prolonged unemployment. Maximum weekly benefits without allowances for dependents range from \$25 to \$45 under the several state laws. In eleven states maximum allowances for dependents range from \$3 to \$25 and raise

the maximum augmented benefits to \$30 to \$70.

In order to finance this program and to encourage states to enact legislation in keeping with minimum standards set by Congress, the federal government levies a 3 per cent tax on the payrolls of all employers covered by the Act who employ four or more persons. The tax is paid on only the first \$3,000 earned by an individual. In general, coverage is limited to employers engaged in commerce and industry. Employers subject to the federal law are allowed an offset of 90 per cent of the federal tax, or 2.7 per cent of taxable payrolls, for contributions paid to state agencies under approved unemployment insurance laws.

State unemployment insurance legislation must fulfill the following conditions in order to be approved for tax offset purposes: (1) All compensation must be paid through public employment offices or such other agencies as the Secretary of Labor may approve. (2) All funds collected must be turned over immediately to the Secretary of the Treasury to the credit of the Unemployment Trust Fund for safekeeping and management. (3) All money withdrawn from the unemployment fund of the state must be used solely for compensation payments, exclusive of the costs of administration. (4) Benefits may not be denied to otherwise eligible persons who refuse new work if the position offered is vacant due directly to a strike, lockout, or other labor dispute; if the wages, hours, or other conditions of the work are substantially less favorable to the individual than those prevailing for similar work in the locality; if as a condition of being employed the individual would be required to join a company union or to resign or refrain from joining any bona fide labor organization.

Further standard-setting by the federal government is possible because federal funds support the total cost of administering the state programs. Moneys for this purpose result from that part of the tax which is not offset. In order to be eligible for these grants, the state law must provide such methods of administration, including a merit system for

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the selection of personnel, as are reasonably calculated to insure full payment of benefits when due; provide for a fair hearing before an impartial tribunal to anyone whose claim is denied; and provide for making necessary reports and for furnishing relevant information to other agencies dealing with similar problems. Grants for administration are in amounts determined by the Secretary of Labor as necessary for the proper and efficient administration of the law. The federal law specifies that this determination is to be based on (a) the population of the state, (b) an estimate of the number of persons covered by the state law and of the cost of proper and efficient administration, and (c) such other factors as the Secretary finds relevant.

Any money from the income of the 0.3 per cent tax remaining after the payment of administrative costs is placed in a special Federal Unemployment Account from which the states may borrow when their reserves are too low to meet estimated current demands. This account is maintained at \$200,000,000, and any excess is credited to the account of each state in an amount proportionate to the size of its taxable payroll.

This unemployment insurance program is administered by the Bureau of Employment Security of the United States Department of Labor in close cooperation with the national public employment service system created by the Wagner-Peyser Act of 1933. *See EMPLOYMENT SERVICES.*

State Financing and Experience Rating

As mentioned above, all states finance unemployment benefits by contributions from covered employers on the wages of their workers. Three states,¹ however, in addition collect contributions from employees. In all but five states, the state tax, like the federal tax, is based on the first \$3,000 paid to a worker within a calendar year. Contributions are based on the first \$3,600 in Delaware, Nevada, Oregon, and Rhode Island, and on the first \$4,200 in Alaska. In accordance with the federal law, the funds collected are held

for the states in the Unemployment Trust Fund of the United States Treasury.

In addition to offsetting against the federal tax actual contributions to the state unemployment fund, an employer may offset any reductions in tax he receives on the basis of an experience rating plan, up to the total of 2.7 per cent. All states, except Alaska, have in effect some system of experience rating by which individual employer's rates are varied from the standard rate on the basis of their experience with unemployment. The theory behind experience rating is to the effect that employers who are able to decrease unemployment should be rewarded with a lower tax rate. Experience rating has also been considered to be an equitable means of keeping reserve funds within manageable limits during extended periods of high employment and of replenishing them after times of unemployment.

The states have developed a variety of methods for determining unemployment experience. As a result, employers with similar unemployment experience but located in different states may pay taxes quite dissimilar in amount and yet receive credit for the full 90 per cent of the federal tax. Minimum reduced rates vary from zero in 14 states to 1.3 per cent of payrolls in Rhode Island. Twelve states provide for rates above 2.7 per cent, varying from 2.9 per cent in Florida to 4.0 per cent in Michigan and Wisconsin. The only important federal requirement concerning experience rating is that it must be based on at least three years' experience. Newly covered employers, however, may receive reductions on the basis of at least one year's experience. Experience rating provisions have the disadvantages of adversely affecting the mobility of industry, of increasing taxes in times of recession, and of encouraging employers to attempt to obtain legislation restricting eligibility for benefits.

Coverage

Coverage is fairly uniform among the states since they generally follow closely the exclusions under the Federal Unemployment Tax Act. As mentioned previously, the fed-

¹ Alabama, Alaska, and New Jersey.

eral tax is applicable only to employers of four or more persons and generally only to commercial and industrial enterprises. Important exclusions are agricultural labor, domestic services in private homes, services for nonprofit organizations, and services for state and local governments. A number of states, however, have expanded coverage. Three states now cover three or more workers; two states, two or more workers; and eighteen states, one or more workers. The District of Columbia includes agricultural labor; New York, domestic service; and Alaska and Hawaii, nonprofit organizations. Twenty-seven states provide some form of coverage of their own government workers, and all states except three permit employers to elect coverage.

Eligibility and Disqualifications

All states require a claimant to demonstrate recent and substantial attachment to the labor force and require a minimum of covered employment measured in terms either of the number of weeks of employment or the amount of wages earned in a recent twelve-month period. In addition the claimant must prove that he is able and willing to work and, in many states, that he is actively seeking employment. No benefits are payable to him for any period in which he is disqualified. All states disqualify a claimant if he left work voluntarily without good cause, was discharged for misconduct, or refused suitable work without good cause. A variety of other causes may be specified in the state laws, and the severity of the disqualification may vary from postponement of benefit for a few weeks to complete cancellation of benefit rights. These provisions and their administration have tended to become more severe in recent years.

Benefit Amounts and Duration

The weekly benefit amount under all state laws varies with the worker's past wages within certain minimum and maximum limits. The period of past wages used and the formulas for computing benefits, however, vary greatly among the states. In most

states the formula is designed to compensate for a fraction of the full-time weekly wage. As of January 1958, forty-three states and territories had minimum weekly benefits of \$10.00 or less. Only one state had a minimum benefit of over \$15.00. Maximum benefits for thirty-two states were under \$35.00. Only five had a maximum benefit of \$40.00 or more. In 11 states these benefits are increased slightly by dependents' allowances. In only seven states, as of April 1958, were the maximum benefit amounts equal to 50 per cent or more of average weekly wages.² (In all states in October-December 1954, an average of only 54 per cent of new claimants were eligible for the maximum rate.)³ An innovation has recently been adopted by Utah and Wyoming. Each has established a "flexible" maximum that changes automatically with wages.

In fourteen states, the laws provide a uniform number of weeks of benefit for all eligible claimants, the number of weeks ranging from 20 in 4 states to 30 in Pennsylvania. In the remaining states duration varies with the amount of wages earned in the base period, but in no instance is it longer than 26 weeks. Congress in 1958 enacted the first Temporary Unemployment Compensation Act at a time of severe business recession. By this Act the federal government offered to advance funds to states to finance extended benefits to persons who had exhausted their regular benefits. Additional benefits were to equal one-half the number of weeks of regular entitlement at the regular rate. These advances, which were to be repaid in four years, were terminated as of July 1, 1959. At least two states⁴ have recently passed legislation which automatically extends benefits when unemployment reaches specified levels.

Federal employees and ex-service men receive the benefits for which they would be qualified under the laws of the state in which

² See Bureau of Employment Security, U.S. Department of Labor, *Summary Tables for Evaluation of State Unemployment Insurance Coverage and Benefit Provisions*, U.S. Government Printing Office, Washington, D.C. 1958. Page 5.

³ *Ibid.*, Table 4, p. 19.

⁴ Illinois and Idaho.

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they apply for benefits. The states administer the programs and receive full federal reimbursement for administrative costs and benefit payments.

Important Amendments

Amendments of substance to the federal-state system have been very scarce. Coverage remains as limited as in 1935, except that in 1954 it was extended from employers of eight or more persons to employers of four or more. Amendments of 1939 set the requirement that each state have a personnel merit system and that the limit on taxable wages be \$3,000. No standards as to amount and duration of benefits have ever been imposed.

WORKMEN'S COMPENSATION

Workmen's compensation has remained since its beginnings in the early 1900's a state-controlled program. The federal government has no administrative or financial responsibility, except for its own employees. These programs provide financial benefits and medical care to persons injured or deceased in the course of employment; they also provide death benefits to the survivors of these deceased workers. Prior to the enactment of these laws recovery of damages for injury was dependent upon proving the employer was at fault. For the right to sue an employer in court, workmen's compensation laws substitute assurance of medical care and predetermined and prompt benefits. Because of the complete lack of centralized supervision or standard-setting, there is a confusing array of coverage provisions, benefit levels, and administrative arrangements which defy accurate generalization.

Coverage and Financing

Coverage in all states is limited. Most states exclude agricultural work, domestic service, casual employment, work for nonprofit corporations and, in some states, nonhazardous employment and public service. Twenty-nine jurisdictions have size-of-firm limitations and twenty-six have elective laws. Under elective arrangements, if an employer rejects work-

men's compensation he forfeits his common-law defenses when sued for damages.

Under these state laws the worker's compensation is a claim against his employer. To insure payment, employers are required to obtain insurance or, in most states, furnish proof of their ability to carry their own risk. Most of the state laws permit the employer to insure with private insurance companies. However, in eight of the nineteen jurisdictions that have state insurance funds, employers are required to use the state fund. These are known as "exclusive funds." In the other eleven jurisdictions the state insurance fund is "competitive," and employers may choose between it and private insurance carriers.

Benefits

Workmen's compensation schemes usually pay temporary total disability benefits during some portion of the time an employee is unable to work. After return to work or when the injury is healed to the maximum, he may be eligible for permanent partial disability benefits. If the injury results in total incapacitation, permanent total disability benefits are payable. If the injury results in death, certain survivors are eligible for death benefits and for some payment for funeral expenses. Injured workers are also eligible for medical care and, in some instances, for rehabilitation services.

In determination of temporary total disability benefits, states vary in regard to at least six factors: length of waiting period, length of retroactive periods, percentage of wage compensated, maximum weekly benefits, dependents considered, and minimum weekly benefits. Taking all these factors into account, Berkowitz found that a hypothetical worker could collect at least two-thirds of his wage loss only in Arizona, Hawaii, and the three federal jurisdictions. An additional ten jurisdictions would allow him one-half or more of his lost earnings. In over 70 per cent of the states the worker would receive less than 50 per cent of wage loss.⁵ Further limitations

⁵ See Berkowitz, *infra*, p. 170.

result from the fact that only twelve states and the federal system pay benefits for the entire period of disability without any maximum monetary limitation.

Permanent partial disabilities are either of the scheduled or nonscheduled variety. A scheduled disability consists of the loss or loss of use of a readily identifiable member of the body which is listed in the basic legislation with a certain number of weeks of benefit assigned to it. For example, the maximum period of scheduled compensation for the loss of a foot ranges from 100 weeks in New Mexico to 250 weeks in Wisconsin. Examples of nonscheduled injuries are those to the head, back, and nervous system. As Somers states, measurement of loss in these cases remains largely a matter of reconciling conflicting medical testimony and evaluating subjective symptoms.⁶

Weekly benefits for permanent total disability are generally the same as those for temporary total disability. The difference between the two lies in the duration and aggregate money limits. Only nineteen jurisdictions provide benefits for life to the totally disabled. The typical limit is 400 to 500 weeks, and in some states there are additional total dollar maximums. Death benefits are generally lower than those for total disability and here again they may be limited in time or amount or both.

According to the most recent data available, about one-third of all moneys paid to workmen's compensation beneficiaries went for hospitalization and other medical costs.⁷ During the years since they were first enacted, these laws have made their greatest advance in this area. Thirteen states, however, still have period-of-time or money restrictions on the medical benefits furnished. The provision of vocational rehabilitation services is considered today to be a necessary adjunct to the administration of workmen's compensation. Only about one-third of the laws, however, provide maintenance allowances above regular benefits for workers undergoing rehabilitation. These services are usually provided

by state vocational rehabilitation agencies. In a few states, however, there are rehabilitation centers exclusively for workmen's compensation beneficiaries. See VOCATIONAL REHABILITATION.

Costs of Litigation and Administration

Although workmen's compensation legislation was designed originally to remove disputes about liability from the courts and to substitute a simple administrative process, it has become quite common for both claimants and employers to be represented by attorneys. According to Skolnik, legal fees, which come from the pocket of the worker, may range from 10 to 20 per cent of the cash compensation awarded.⁸ The costs of administration are also high, particularly when compared with those of social insurance programs administered in their entirety by government. In 1956, for example, actual medical and cash benefits amounted to only 62 cents for every dollar spent by employers to insure their workers.⁹

RAILROAD RETIREMENT SYSTEM

The railroad social insurance program administered by the Railroad Retirement Board is the most comprehensive in the United States, providing unemployment, old age, disability, sickness, maternity, and death benefits. Among its distinguishing characteristics are these: it is uniform in its application throughout the country; it is entirely federal in its administration; the employer contribution for unemployment insurance is on a sliding scale in relation to the size of the fund rather than on each employer's experience rating; and cash sickness benefits are paid through a public fund and not by "contracting out." Benefits under the Railroad Retirement system are generally more liberal than those available under OASDI and state unemployment and temporary disability programs. At the end of fiscal year 1958, both employer and employee were paying 6.5 per cent each for old age, death, and disability benefits, and employers were paying 2 per cent for unem-

⁶ See Somers and Somers, *infra*, p. 73.

⁷ See Skolnik, *infra*, p. 8.

⁸ *Ibid.*, p. 13.

⁹ *Ibid.*, p. 14.

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ployment, sickness, and maternity benefits. Each of these taxes is on the first \$350 of an employee's monthly earnings.

FUTURE NEEDS

The greatest gaps in the social insurance program of the United States are in the area of health and disability insurance. Government-sponsored health insurance is still unavailable despite many years of agitation by interested groups. Liability for the costs of wage loss and medical care in the case of industrial injuries is well settled, but workmen's compensation laws and administration must be greatly improved if they are in fact to assure complete medical care and adequate benefits and eliminate wasteful litigation. Attempts to compensate for wage loss due to sickness and nonindustrial disability have been made in only four states. In the OASDI program the federal government has recognized the need of the totally disabled for benefits but has limited them to persons at least age 50 and to those children of retired and deceased workers disabled prior to age 18. On the basis of this recognition by Congress in 1956 of the needs of the disabled, moreover, we may perhaps anticipate further liberalization of the law in this area by lowering the eligibility age for disability benefits and by providing medical-care services to both disabled and retired OASDI beneficiaries. See MEDICAL CARE.

The important needs of the unemployment insurance program are for greater coverage, higher benefits, and longer benefit duration. Because of the demand by influential groups in each state for low contribution rates and because of the effect of experience rating, it is probable that such improvement will come about only if the federal government is willing to set and enforce minimum standards.

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SOCIAL SERVICE EXCHANGES* were organized to facilitate inter-agency communication through maintenance of a central confidential file of families and individuals known to social agencies. The exchange had its origins in the charity organization movement in the 1870's. Its earliest stated purpose was to prevent duplication in relief giving. During recent decades, in theory at least, its major purpose has been to facilitate clearance and communication among agencies so that professional information can be shared in the interest of effective and coordinated service to the client. The exchange seeks to achieve this latter purpose by enabling its member agencies to determine whether a given applicant is presently or previously known to other member agencies.

The exchange does not contain case history material but assists the inquiring agency to learn where such material may be found. Exchanges have defined policies which provide that confidentiality is maintained and that service is available only to qualified member agencies engaged in nonprofit health and welfare programs.

A member agency, upon receipt of an application for service, clears the name of the family with the exchange, which searches its files to determine whether the family has been known to other agencies. The exchange then provides this information to the inquiring agency. This enables the agency, in its judgment of the probable significance of earlier contacts, to initiate consultation with appropriate agencies.

The geographical coverage of an exchange

usually corresponds to the area of service of agencies in a given community, although a few are set up to cover a broader population area or are statewide in scope. Important factors in determining coverage are whether the exchange covers a natural population area, and whether volume is sufficient to support an exchange of good standards.

Over the years exchanges have developed policies and procedures which include guides on internal operations, standards for membership in the exchange, personnel requirements, policies on financing, interpretation, and liaison with member agencies.

Organization and Financing of Exchanges

In contrast to earlier years when exchanges were usually departments of direct service agencies, an analysis of the 1958 *Directory of Social Service Exchanges* reveals that the majority in operation today are under auspices of councils, chests, or united funds. Of the 168 in operation in May 1959, one hundred and eight were units or departments of central planning or financing agencies, thirty-nine were under public welfare departments, fourteen were under independent auspices, and seven were within family service agencies. Whatever the auspices, a board or advisory committee composed of professional workers and laymen is established to guide the operation and to afford liaison with member agencies. Some exchanges also maintain a professional committee to assist the executive, to stimulate agency use, and to be concerned with eligibility requirements, protection of confidential information, and the ethical use of exchange information.

It is considered good practice that the service be financed by the using agencies on the basis of proportion of use by each agency. This procedure provides continued agency interest, avoids domination by any one agency, and stimulates adequate and continued service. Although some exchanges are financed entirely by councils or public welfare departments, sharing of cost on a portion-of-use basis has gained wide acceptance.

* For current information regarding developments in the social service exchange field the reader is referred to United Community Funds and Councils of America, 345 East 46th Street, New York 17, N. Y.

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Staff

A factor which affects costs but insures effective operation is qualified staff. Minimum requirements for personnel include executive direction by a professionally qualified social worker who is identified with the social work program of the community, has a community organization point of view, is competent in office management, and is able to assume a leadership position. Duties of the executive include organization and development of the exchange, supervision of clerical staff to assure prompt and accurate reports, work with the governing board or advisory committee in maintenance of standards of membership, keeping in touch with agency members, and relating the exchange program to the social work program of the community through participation in the community welfare council and other means.

In addition, the exchange requires competent clerical staff which is qualified to give prompt and accurate service and will safeguard the confidential nature of exchange information.

National Agency

United Community Funds and Councils of America (UCFCA) (formerly Community Chests and Councils of America) serves as the central clearing point for provision of information on social service exchanges. Consultation is provided by correspondence and direct field visits to exchanges and to communities considering the establishment or modification of exchange service.

In addition, UCFCA sponsored a National Workshop on Inter Agency Communication in 1956 which devoted attention to the exchange as one device for communication, and conducted the first pilot research project on inter-agency communication in cooperation with the New Haven Council of Social Agencies. The national agency sponsors workshops at the National Conference on Social Welfare on inter-agency teamwork. It has recently established a special committee on inter-agency collaboration which is concerned with follow-up of research on the exchange, inter-

agency communication, and analysis of special projects on multiproblem families.

Recent Developments

The total number of exchanges in operation in the United States and Canada has declined from 320 in 1946 to 168 in May 1959. While some of the decrease is due to mergers and consolidations, this factor does not account for any substantial number. The closings have occurred in all sections of the country in large and small cities.

The most frequently mentioned reasons for closing the exchange have been (a) decline in use due to selective registration by voluntary agencies, (b) changes in casework philosophy, (c) widespread knowledge of the increased specialization of agency program, (d) increasing costs, (e) discovery after study that communication among agencies upon receipt of registration affected an insignificant proportion of total cases served, and (f) decline or cessation of use by public agencies.

All of these might be regarded as symptoms of a loss of conviction in the exchange as a necessary instrument in the array of social services. More fundamental answers may be found in some evaluation of trends and developments in the field of social work.

As noted above the exchange movement experienced its greatest growth during an earlier period when responsibility for relief was largely assumed by voluntary agencies and frequently by informally organized community groups. During the depression years of the 1930's numerous exchanges were organized to assist in the traditional function of avoiding duplication in relief-giving. With the increasing concentration of responsibility for all forms of public assistance in integrated public welfare agencies the necessity of inter-agency clearance service to avoid duplication of assistance has declined and has disappeared completely in some communities.

It is also true that casework skill and competence have increased in recent years and that this has been accompanied by the development and interpretation of more clearly defined agency functions. Another factor has been a shift in casework philosophy which

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accords greater importance to material secured directly from the client on his present situation rather than reliance on collateral information secured through the exchange from agencies whose knowledge of the client derived from an earlier contact and perhaps in regard to a different problem or set of circumstances. Many competent social workers have also questioned seriously the ethical base of securing and using collateral information.

In a series of "pro and con" articles during recent years on the place and value of the exchange, wide differences of opinion have been expressed on the value of collateral information in the casework process, the ethical values involved in registration with or without the client's consent, selective versus total registration, and safeguards for the confidentiality of information.

It is also evident that improved procedures for planning and coordination within community welfare councils have resulted in a decline in reliance upon the exchange to achieve some of its stated objectives. These include increased attention to definition of agency intake policies, improved methods of referral, and a belief in most quarters that staffing case conferences, case allocation committees, and similar programs is a responsibility of general planning staff rather than exchange personnel.

Aware of these and similar tendencies, some exchanges have stimulated a series of discussions among member agencies on their criteria for the use of the exchange, including attention to the obligation of the agencies to the community as well as to clientele. A few exchanges report a re-awakened interest through this procedure, with an increase in registrations.

In view of serious questioning of the place and value of the social service exchange in modern social work practice, Community Chests and Councils of America in 1952 organized a special research committee to assist in analyzing current developments and to sponsor research on the intrinsic value of the exchange. This committee developed procedures which determined agency practice, measured volume of usage, and gave some

indication of exchange value as reflected in sampling of agency records. Its major contribution has been in sponsorship and development of the methodology for the Controlled Practice Study. The Controlled Practice Study establishes a method of measurement of the value of the exchange in a statistically valid sample of cases in which information secured through the exchange was utilized fully, in contrast to a comparable sample in which exchange information was withheld from the worker at time of service. Upon completion of service in each case an independent judging process was followed which measured the value of the exchange in helping to procure collateral information and the value of this information in relation to service to the client.

As conducted in nine agencies under public and voluntary auspices in Cleveland, Minneapolis, and Milwaukee, these studies reveal that use of the exchange provided useful information in only a very small proportion of cases, did not influence client-worker relationship either favorably or unfavorably, and that information obtained through the exchange did not have a vital influence on case outcome. Further, in the phase of the studies in which the exchange was not used it was found that use of the exchange would have had little if any value in the development of joint efforts with other agencies.

Although the National Social Service Exchange Research Committee originally projected plans for study of the effects of exchange closing on services, no community to date has been willing to participate in this type of study. The nearest approach to this, although not specifically a study of the effects of discontinuance of the exchange, is the pilot research project on Inter-Agency Communication in New Haven, Connecticut.

To date no community where an exchange has closed has expressed interest in reopening on the traditional basis or even in a special research project on the effects of closing on service to clients. Some have recognized that some system of central clearance or registry may be needed for special problem areas such as delinquency, mental illness, or multiproblem families. However, at this point no agree-

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ment has been reached on these issues. There is indication that direct communication among agencies, case conferences on individual cases under agency auspices, more formalized case conferences on cases or types of problem cases under auspices of community welfare councils, case allocation procedures, and improved methods and standards of referral have largely supplanted an earlier reliance upon the social service exchange.

Advocates and opponents of the exchange vary widely in their opinions and judgments. There is little apparent disagreement, however, on the question of the importance of inter-agency communication in order to bring to bear the resources in the community in behalf of a given client or group of clients. The major question is whether and the extent to which the exchange is a necessary tool in the process of inter-agency communication.

In considering special projects on multi-problem families the national committee on interagency collaboration has emphasized the importance of preventive services, the need for diagnostic procedures which assure early detection of problems, the best utilization of professional skills in reaching resistive families, and the need for case allocation procedures which assure that continuing treatment will be available.

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Social Work as a Profession

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SOCIAL WORK AS A PROFESSION. The term social welfare is currently used to denote man's humanitarian desire to help his fellow man. As such it is as old as civilization itself. When more formalized efforts through the establishment of public or private agencies or associations were begun, some as early as the Colonial days in America, such social welfare activities began to be called social work. More recently, however, the term social work has come to be used to denote particular sectors of social welfare activities. In part this usage eventuates from the rise of social work as a profession.

Social work as a profession is a product of this century. Social work as an occupation is rooted in the history of earlier times.¹ ~~See THE DEVELOPMENT OF SOCIAL WELFARE PROGRAMS IN THE UNITED STATES.~~ It is pertinent to ask, when does an occupation evolve into a profession? What are the criteria against which a judgment can be made that an occupation has become a profession? But first let us look at the field itself.

An Evolving Field

The emphasis in social welfare up to 1900 was on affecting the "moral" behavior of the individual through personal influence and neighborly intercourse with the poor. In those earlier days there was a widespread practice of giving alms to the "worthy" poor, not so much for the benefit of the recipient as for the salvation of the giver's soul. To some extent, this attitude toward giving persists to this day. As people began to take responsibility for the welfare of their neighbors through activities which were

called "charity," "poor relief," "philanthropy," and "social reform," and particularly after there appeared a body of paid personnel who served as agents for groups of philanthropists, it began to be apparent that the welfare and rehabilitation of the recipient of aid should take precedence over the salvation of the soul of the almsgiver.

At this point earnest students of the problem of philanthropy began to clarify a dilemma. On the one hand, it was contended that the objects of charity were inferior human beings, that their poverty resulted from their own lack of intelligence or morals. On the other hand, it was contended that poverty and human maladjustment arose from society itself and from forces beyond the control of the individual, such as the dislocations arising from industrial revolution, depressions, wars, and similar phenomena of social disorganization or reorganization. The paid personnel who served as agents for groups of philanthropists came to the conclusion that neither of these views was wholly tenable. Sometimes personal inadequacy could largely account for the suffering and unhappy state of the individual. Sometimes societal conditions could be blamed for the individual's plight. More often both forces seemed to be at work. Hence, human problems could best be solved by working with the unfortunate on a case-by-case basis, helping individuals to marshal their own and community resources toward a solution of individual and family problems. Simultaneously, efforts had to be made in social reform which would assist the community to take such steps in community organization and to adopt such social policy and programs as would tend to reduce or eliminate the hazards of poverty, sickness, unemployment, delinquency, discrimination against minorities, and the like. Thus it became clear that social workers had to secure tested and usable knowledge about man and his potentialities, limitations, and development as a biological organism, a psychological creature, and a social being. At the same time social workers had to secure tested and usable knowledge about society and its potentialities for change,

¹ See Cohen, *Social Work in the American Tradition* (*infra*).

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its limitations, organization, standards, values, culture, and processes of social change. If social workers were to help a person become or remain "normal," it became important to know the dynamics of the social process and how to influence it.²

By 1900 social welfare swung sharply toward a program of environmental improvement as the new means for reaching a solution to the problems of poverty, dependency, and disease. Through the methods of education, legislation, and surveys, change was to be brought about in the economic and political scene, change which would affect the conditions under which people lived. It was an effort to establish principles which would affect people in general and thereby lessen the task of having to deal with specific individuals, families, or groups. The field was moving from a highly undifferentiated stage toward the establishment of social welfare programs in highly specialized or fragmented forms. Each of the programs tended to focus on a single problem. That is, there would be a program for helping the worthy poor, another for unmarried mothers, another for the hospitalized indigent sick, and still another for orphans, for children having problems in school, for crippled children, for emotionally disturbed children, for neighborhood problems, and for reducing discriminatory practices against minority groups. As the American community became aware of a particular social problem, it proceeded to create another social welfare program or agency to deal amelioratively and specifically with that particular problem.

In large measure this kind of highly specialized social welfare program persists to the present time, and is explained in part by the nature of the vested interests of founders, endowers, and lay boards, by their methods of financing, by sectarian auspices, and by similar factors bearing upon the life and continuity of a given social agency. Despite the

phenomena of special agencies for narrowly defined kinds of social problems, the general trend is away from such highly specialized agency forms. The trend is toward social agency programs that see the individual and family whole within the context of group and community life. The trend expresses itself in such ways as: (a) the merger of two or more specialized agencies into a single multifunctional agency, such as the merger of family and children's service agencies among those supported by private funds, or the merger of several separate specialized governmental agencies on township or city level into a single multifunctional county or state social welfare agency; (b) the expansion of a specialized agency to a broader function, such as a probation service expanding to a family relations court service; and (c) closer collaboration between existing specialized agencies through a system of joint planning and coordinated service, such as is fostered by community welfare councils.

The work force of paid social workers appears to be doubling every decade. Although we lack census data on employed social workers prior to 1930, it is estimated that there were scarcely 10,000 paid social workers by 1920, more than 20,000 by 1930, about 45,000 by 1940, and 91,533 by 1950 including the census categories of social welfare workers and group workers. The 1950 census gives the breakdown as follows: 23,263 males and 52,224 females totaling 75,487 social welfare workers, plus 9,353 males and 6,693 females totaling 16,046 recreation and group workers. The sum of both categories is 91,533.³ It will be interesting to see the 1960 census data when it becomes available so as to learn whether the rate of expansion in the social welfare work force in the 1950's maintained the same rate. It is a safe conjecture to say that the field has continued to expand as the American community increases its understanding of social work's contribution to the meeting of social problems in the increasingly complex society within which we live.

Thus we can say that social welfare pro-

² See Kidneigh, John C., "The Concept of Development which Underlies the Social Work Helping Process" in Harris, Dale, ed., *The Concept of Development*, University of Minnesota Press, Minneapolis, 1957, pp. 245-258.

³ See Bureau of the Census, *infra*.

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grams began to appear in various forms, some primarily adopting the case-by-case method for the solution of human problems—from which the modern method of social casework evolved—and some primarily adopting group action methods—from which the modern methods of social group work and community organization evolved. Later as agencies became large in size, and particularly as social welfare programs under governmental auspices developed, the modern methods of social work evolved. Throughout these developments, as social agency leaders and social work education sought to understand the problems with which they grappled, there was a slow development of social work research methods.⁴

Professional Education for Social Workers

As the field expanded under the impetus of social reform, and as the several special agency programs began to be established, the need for employed full-time social workers increased. It became clear that it took more than enthusiastic and inspirational leadership if the emerging programs were to be sustained and furthered. Workers with administrative and organizational abilities and training in methods of social work were needed. As a consequence several of the “charity organization society” agencies in some of the largest cities began sponsoring summer institutes for social workers. From these institutes developed the early full-time schools of social work. Formal education for social work at first adhered very closely to the needs of voluntary social agencies and differed little from the concept and content of apprenticeship training. At an early period, however, two powerful influences began to modify the apprentice focus of these efforts and to encourage a preparation based on scientific knowledge and conducive to practice in a changing field. The first was the establishment of schools of social work within university framework, which furthered a recognition of fundamental knowledge upon which professional study could be based, and

the gradual relinquishment of the concept of training for specific agency needs. The second strong influence was the increasing variety and volume of social services, accompanied by social reforms, which brought new demands upon personnel in the field. Social work educators, as well as practitioners, tended to turn to the social sciences for knowledge of man and society, often to find a fractional, underdeveloped, and somewhat confusing state of affairs there. The contribution of the social sciences to social work has been considerable, of course, but far less than has been needed.⁵ As the social sciences mature, social work may be expected to profit thereby and to improve. A considerable development of knowledge for the field has occurred, however, somewhat independent of the social sciences.

The first of the schools established was what is now the New York School of Social Work. Soon thereafter schools were established in Boston, Chicago, Philadelphia, and St. Louis. In 1915 and 1918 integrated professional curricula in social work were established at Ohio State University and the University of Minnesota as an integral part of university programs of study. By 1918 there were 15 to 20 educational projects in social work in an area roughly bounded by Boston, Minneapolis, St. Louis, and Richmond. By 1959 fifty-six graduate professional schools of social work within university auspices had been established and accredited, with a combined enrollment of over 7,000 graduate students and conferring over 1,700 graduate degrees annually.

When social work education came face to face with the depression era, its main emphasis was social casework. Little had been done in the majority of the schools in developing group work, community organization, administration, or research content as method and process. Although a minimum curriculum policy statement was adopted by the American Association of Schools of Social Work in 1932 in an effort to secure a greater degree of similarity in method and content

⁴ For fuller explication of the field see Fink, Wilson, and Conover, *infra*, and Friedlander, *infra*.

⁵ For indications of desirable improvements in this regard see Coyle, *infra*, and Stein and Cloward, *infra*.

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of social work education and to provide a formal basis for accrediting, the most noteworthy agreement among the schools came in 1944 with the adoption of the "basic eight" areas to be included in all social work schools' curricula, consisting of content in social casework, social group work, community organization, public welfare, social administration, social research, medical information, and psychiatric information. Subsequently, in 1952, simultaneously with the establishment of the Council on Social Work Education, the schools adopted the current curriculum policy statement with emphasis upon broad generic sequences of study involving sequences in (a) social services policy and programs, (b) human growth and behavior, (c) social work methods of social casework, social group work, community organization, social work administration, and social work research, and (d) social practice or field work.⁶ An inclusive national curriculum study has just been completed under the auspices of the Council on Social Work Education, which when it has had time to be considered by the field may bring further improvement and change in the curricula of schools of social work.⁷ See EDUCATION FOR SOCIAL WORK. Accompanying these educational developments were parallel developments in practice.

The Emerging Profession

The increase in the number of paid workers and the introduction of a more formalized plan of training led to the emergence of a greater interest in methodology and an accompanying professional consciousness. In his presidential address before the National Conference of Charities and Correction in 1902, Timothy Nicholson stated that the immediate future was "to be the scientific age of our work."⁸ Nineteen years later in 1921 (as reported in the *Social Work Journal* for July 1955, the last issue of the journal of

the American Association of Social Workers, page 123) *The Compass*, the then social work journal of the field, exclaimed editorially "The die has been cast. We are, and are to be, a professional organization of social workers."

Modern professional social work appeared upon the American scene after classical economics with its theory of the "economic man"; after Comte had presided over the birth of sociology; after Tylor and Bastion had laid the groundwork for anthropology; and after psychology had separated itself from philosophy. Sociology, anthropology, and psychology were markedly influenced by Darwinism and biological science. Slowly but surely the theories of unilineal cultural evolution and instinct psychology, so widely accepted in the nineteenth century, became discredited. They were replaced by an almost confusing array of social-scientific theories of culture, social organization, developmental, comparative, and gestalt psychology, culture and personality, psychoanalysis, and so on. During this period there seemed to be a considerable lack of communication between the social sciences, each developing almost independently of the other. Recent evidence indicates that the several social sciences, fortunately, are seeking a rapprochement.⁹ As the several social sciences were parting company, modern social work appeared upon the American scene. This was almost immediately after Franz Boas, with considerable success, had combated theories of unilineal evolutionism, geographic and economic determinism, the organismic analogy, the concept of the group mind, racism, instinctivism, and theories of primitive mentality. The emergence of modern social work was almost concurrent with the rise of developmental psychology and psychoanalytic theory. It coincided also with the period when sociology was preoccupied with the study of social problems, a period to be followed by the rise of scientism in sociology. That social work, in its attempt to find a body of usable theory about man and society for its profes-

⁶ See Council on Social Work Education, *Manual of Accrediting Standards* (*infra*).

⁷ See Council on Social Work Education, thirteen volumes comprising the *National Curriculum Study*, *infra*.

⁸ See Nicholson, *infra*.

⁹ See Gillin, *et al.*, *infra*.

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sional task, should experience difficulty in selecting and ordering the contributions of the social sciences, was to be expected. So one finds social work borrowing ideas from a variety of sources, testing these ideas against the practical situations encountered in working with people, and modifying the contributions accordingly. But social work did not limit itself to borrowing from the social and biological sciences. It also borrowed from other service professions, notably medicine and psychiatry, law and teaching. And to the constellation that emerges from all the borrowing something also has been added, as evidenced by the increasing stream of social work literature. The modern social work profession tends to date itself from the publication of the first great social work book to appear, Richmond's *Social Diagnosis*,¹⁰ and the decision to form a professional association heralded in *The Compass* in 1921.

As the profession emerged from its lay past, the focus gradually came to be the welfare of the individual for his own sake in the interest of society rather than the measures to deal with specific social problems, such as poverty, alcoholism, or crime. Professional social work came more and more to be a conscious application of democratic principles with an increasing understanding of the dynamics of human behavior and of the social process. This focus separated social work from the social sciences in one sense, while demanding a rapprochement in another sense. While psychology was preoccupied with human *behavior* and how to measure certain parts of it in order to generalize or predict certain behavior outcomes, social work was concerned primarily with the *beholder* and with methods that would be effective in helping the *beholder*. While sociology was concerned with social problems and social organization, and most particularly with research methods that would describe or predict social organization or reorganization, social work was concerned primarily with the social systems (families, groups, or communities) themselves, and with methods

that would be effective in helping the social system as a *beholder*. While anthropology was concerned with patterns of culture and with the descriptions of given cultures, social work was concerned primarily with the impact on individual personalities of their own or conflicting culture patterns, and with the practical problems of acculturation. While political science was concerned with patterns of governmental organization and political process, social work was concerned with the conscious application of democratic principles to individuals and groups of individuals in their everyday life. While economics was concerned with the supply of and demand for material goods, social work was concerned with the victims of economic processes. It is not implied that the social sciences were unconcerned about the *beholder* while focusing upon *behavior*, nor that social work is not concerned with knowledge of *behavior* while focusing upon the *beholder*. Knowledge about the behavior is not in itself enough when a professional person is charged with doing something in working with the human subject. In constructing a concept regarding the human *beholder*, professional social work has screened the contributions of various fields of knowledge through a double-meshed screen. One of the screens has been the empirical test of practical experience. The other screen has been the social value system which has developed within the profession—central to which is a deeply held belief in the essential dignity, worth, and right to self-determination of the client. Both of these demand a continuing warmth toward others, a deep concern for human welfare, and professional self-control that maximizes the client's power to use his own and the community's resources for a solution of his problem.

The development of social work practice has been largely within the structure of organized social and health agencies. It is likely that social work professional efforts will continue to be carried on under social sponsorship not for personal profit and under the auspices of governmental and/or nongovernmental organizations established for the bene-

¹⁰ See Richmond, *infra*.

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fit of the community. But another development appears to be emerging, probably motivated by strivings toward professionalism, desire for more status, and higher financial income, and this is private practice. A few social workers, primarily in large urban centers, are engaging in private practice. Sometimes this activity is full time, often in partnership with other social workers or with psychiatrists. Frequently it is on a part-time basis where such practice is in addition to but separate from employment in a social agency.

It is obvious that a full social work operation cannot be carried out in private practice, because such an operation requires not only a service to individuals to help them to a solution of problems but also an activity and process of modifying the social institutions within which the individual functions. Social workers in private practice are limited to the former important service and are largely unable to serve in the latter function. For this reason social workers in private practice often refer to themselves as therapists rather than as social workers. The profession is watching the development of private practice with interest because it has many implications which could effect the future history of the profession.

The Appearance of Professional Organizations

The increasing opportunities and interest in social work as a field led the Intercollegiate Bureau of Occupations of New York City, formed in 1911, to establish a special department for social work. The responsibility for vocational counseling and placement was taken over from the Bureau by the National Social Workers Exchange in 1917. As the only organization of people engaged in social work with specific concern for matters of personnel, and with growing professional consciousness emerging through the training programs and the local social workers' clubs, the Exchange soon found itself urged by its membership to take on additional functions pertaining to professional standards. During World War I, membership in the Exchange,

which was open to both paid and volunteer workers engaged in social work, increased substantially. By 1921, social workers were ready to move from this informal structure to a more formalized professional organization with specific membership requirements and limited only to paid workers. The National Social Workers Exchange became the American Association of Social Workers (AASW) in 1921, and in 1922 the functions of counseling and placement were turned over to a newly created organization, the Joint Vocational Service.

In the meantime, social workers operating in specialized settings such as hospitals, clinics, and public schools had begun to develop their own specialized groups. This stage preceded the formation of the more general and inclusive AASW by several years. The fact that these workers were operating in settings which were already professionalized may have provided an impetus for moving ahead. The American Association of Medical Social Workers (AAMSW) was organized in 1918, the National Association of School Social Workers (NASSW) in 1919, the American Association of Psychiatric Social Workers (AAPSW)—at first a branch of the medical group—in 1926.

By 1930 the four professional organizations referred to were showing increased strength. AAMSW had a membership of approximately 1,700, NASSW approximately 275, AAPSW approximately 365, and AASW approximately 5,030. If one totals this membership and compares it with the 1930 census report on the number of paid social workers, it becomes evident that less than one-third of the social work force were associated with the professional organizations. This was in spite of the fact that the requirements for membership in AASW were based on length of service as a measure of competence until 1933, when education became the basic criterion. It is evident that a small nucleus was pushing the field toward higher professional standards and toward membership requirements which had a basis in education even though the educational requirements were such that only a relatively small number of

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new workers compared to the total acquired by the field each year were obtaining the level of training demanded.

Between the depression of the 1930's and World War II three new associations formed to further professional endeavors came into being: the American Association of Group Workers (AAGW), which began as a study group in 1936, and adopted professional structure in 1946; the Association for the Study of Community Organization (ASCO), launched in 1946; and the Social Work Research Group (SWRG), also a study group, in 1949.

By 1949, the five of these seven associations which were formalized professional bodies began to explore the feasibility of creating a single professional association of social workers, a move which was stimulated in part by the American Association of Schools of Social Work. Study of objectives, program, and procedures showed that they had much in common.¹¹ In 1952 the seven associations formed the Temporary Inter-Association Council which proceeded with a program of intensive study, planning, and negotiations. Formal action was taken by each of the seven organizations by February 15, 1955. As a result a new association, the National Association of Social Workers (NASW), was formed and began operations on October 1, 1955.¹² The seven separate predecessor associations subsequently went out of existence. The new association enunciated, among other things, the following objectives:

To promote the quality and effectiveness of social work practice in the United States of America through services to the individual, the group and the community; to further the broad objective of improving conditions of life in our democratic society through utilization of the professional knowledge and skills of social work, and to expand through research the knowledge necessary to define

and attain these goals; to provide opportunity for the social work profession to work in unity toward maintaining and promoting high standards of practice and of preparation for practice and toward alleviating or preventing sources of deprivation, distress and strain susceptible of being influenced by social work methods and by social action. The Association shall at all times recognize and carry out a two-fold responsibility: (1) to promote activities appropriate to strengthening and unifying the social work profession as a whole; and (2) to promote the sound and continuous development of the various areas of social work practice whereby the profession contributes to the meeting of particular aspects of human need. To these ends the Association shall formulate a program designed to attain its several objectives, and shall so organize and use its resources as to maintain consistently a sound balance and integration of its general and special activities.¹³

The structure and program of the new Association has been designed to further a sound unification of objectives and activities, but allowing for flexible diversification in line with the particular interest of members and changing needs of a growing profession.¹⁴ Interest in common to the field such as social work practice, social work education, personnel standards and practices, social policy and action, recruitment, and interpretation are served through Commissions or committees established by the Board of Directors. Specific interests, such as practice in a specific setting, the development of a specific social work process, or the application of a related method in social work, are served through the establishment of Sections. Currently the structure of the Association is under study and review with the prospect that recommendations for improvement of structure can be considered and acted upon by the Delegate Assembly of the Association in 1962.

The NASW is unique among national social work organizations in that membership is of individuals rather than organiza-

¹¹ See Thompson, C. R. and L. Woodward, "Present Structure and Program of Membership Organizations," *Social Work Journal*, July 1949. See also Bartlett, Harriet M., *Fifty Years of Social Work in the Medical Setting, Past Significance—Future Outlook*, National Association of Social Workers, New York, 1957.

¹² See Glasser, *infra*.

¹³ By laws of the National Association of Social Workers.

¹⁴ See Cohen, "A Changing Profession in a Changing World," *infra*, pp. 12-19.

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tions or agencies. At the end of its first year of existence, September 30, 1956, NASW had a membership of 22,500 persons functioning through 143 chapters covering nearly all of the states, including Puerto Rico (also Alaska and Hawaii which have become states since then). As of the end of October 1959 NASW had a membership of 26,500 functioning in 150 chapters. The principal policy-making bodies of the Association are the elected Delegate Assembly and the elected board of directors, under whose control the staff of the Association works. General membership requirements, after a period of blanketing-in of members of the predecessor associations, is graduation from a graduate professional school of social work accredited by the Council on Social Work Education. Membership requirements for the Sections are determined by the Sections with the approval of the board of directors and are defined in terms of experience above the minimum standards for membership in the Association.

Attributes of Professionalism

In 1915 Flexner¹⁵ concluded that social work could not qualify as a bona fide profession if measured by the criteria he enunciated. In the early 1950's Hollis and Taylor were of the opinion that social work was in its "early adolescence" of becoming a profession, and that only "the hard core of social work in the United States can be said to have attained a satisfactory professional status."¹⁶ Greenwood¹⁷ in 1957 and Boehm¹⁸ in 1959 asserted that social work has attained the status of a profession. Boehm declares that five attributes, stated in various ways, seem to reoccur in the literature indicating the criteria of professional status. These are described as: (a) responsiveness to the public interest—that is, the activities contribute to the advancement of well-being of people and

the professional is accountable to the public for standards and conduct of activity; (b) there is a coherent, systematic, and transmissible body of knowledge rooted in scientific theories enabling the profession to utilize concepts and principles and to apply them to specific situations rather than the use of rule of thumb; (c) there is an identifiable body of values and attitudes which determine relationships with colleagues, recipients, and the community and which reflect a professional subculture; (d) there is a demonstration of skills fused from knowledge and attitudes combined with practice which distills concepts and evaluates effectiveness; and (e) the group is organized and consider themselves members of a group whose knowledge, skills, attitudes, and norms of conduct they share and to whose advancement they are dedicated. Greenwood, after a careful canvass of the literature on occupations, distilled five attributes which are characteristic of a "model of a profession that is much sharper and clearer than the actuality that confronts us when we observe the occupational scene," and proposes that few if any professions conform fully to the criteria attributes.¹⁹ Succinctly put these attributes are: (a) a systematic body of theory—that is, a "fund of knowledge that has been organized into an internally consistent system" which serves as a base in terms of which the professional rationalizes his operations in concrete situations; (b) professional authority based upon extensive education which imparts to the professional a type of knowledge that highlights the layman's comparative ignorance, hence the professional possesses the authority of ideas and exercises authoritative professional judgment; (c) sanction of the community which either formally or informally confers upon the profession within certain spheres a series of powers and privileges; (d) a regulative code of ethics, in part formal and in part informal, which compels ethical conduct and behavior on the part of its members; and, (e) the professional culture characterized by a formal professional

¹⁵ See Flexner, *infra*.

¹⁶ See Hollis and Taylor, *infra*, Chapter II, "The Scope and Status of Social Work."

¹⁷ See Greenwood, *infra*.

¹⁸ See Boehm, *infra*, Chapter IV, "The Nature of Social Work Education."

¹⁹ See Greenwood, *op. cit.*

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association, within and around which extends a filigree of informal groupings, the interactions of social roles within which generate a social configuration unique to the profession, viz., a professional culture. The culture of a profession consists of its values, norms, and symbols. Greenwood states "It is often contended that social work is still far from having attained professional status. But this is a misconception. Social work is already a profession; it has too many points of congruence with the model to be classifiable otherwise."²⁰

Increase in Professionalism

Social work has traveled far on the road to professionalism. The causes and control of its growth are external as well as internal. Internally, the striving for professionalization has followed the pattern in related professions. The earliest leadership came from social workers who were operating in specialized settings such as hospitals, clinics, and public schools. The fact that the settings were professionalized may have contributed to the social worker's motivation, although the striving for professionalization has no doubt included mixed motivations. The trend is influenced by the seeking of certain benefits such as status, higher income, and a way of looking at the responsibility which gives it special meaning and differentiates it from those jobs which can best be characterized as merely task involvement.

Externally, the increase of professionalization in social work must be viewed within the context of the trained specialists in our economy. With the rapid growth in industrialization and the accompanying complexities of social organization has come increased significance for the trained specialist in the service occupations. Specialization is a prerequisite to professionalization. Social work, as one of the specialized talents, has been a part of the general pattern of growth of the trained specialist over the past fifty years.

Legal regulation is one but not necessarily the only clear indication of community sanction of a profession. Usually legal regulation

takes one of four forms: (a) licensure, which restricts the practice to those properly licensed (as is the case in medicine); (b) certification, which restricts the use of title to those properly certified (as is the case for certified public accountants); (c) registration, which confers a legal recognition upon those who properly qualify so that an employer or client may be assured of acceptable qualifications possessed by the practitioner (as is the case in nursing); and (d) civil service status, which certifies that the practitioner is eligible for public employment in a given class of position requiring stated qualifications, to perform stated duties at a predetermined level of duty complexity and responsibility. Social work is recognized legally in every state, mainly in the form indicated as (d) above, and in addition in the State of California in the form indicated under (b) above. There is effort in several states to achieve legal recognition of either (a) or (b) form. Failing to achieve this rapidly, the National Association of Social Workers has designed a voluntary certification scheme which resembles form (c) above. Such a voluntary system has the advantage of establishing a more uniform standard for recognition on a nationwide basis, and may be viewed as an interim step pending the passing of legislation in the several states providing for legal regulation of practice of the form outlined under (a) above.

Applying Greenwood's criteria as the model it can be asserted that social work has a formidable fund of knowledge more or less consistently organized into theory with considerable evidence that the organization and conceptualization of knowledge is proceeding apace through an increasing development of social work research.²¹ Social work education has long been an extensive required period of study consisting of at least two years at the graduate level providing the professional with a type of knowledge more or less unique to social work and serving as the basis for exercise of authoritative professional judg-

²¹ For examples see *Curriculum Study Projects*, Council on Social Work Education, *infra*, and principal journals in the field such as *Social Work*, *Social Service Review*, *Social Casework*, and others.

²⁰ *Op. cit.*

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ment.²² There is a wide community acceptance of social work conferring within certain spheres a series of powers, privileges, and responsibilities.²³ There is a formal code of ethics²⁴ as well as informal ethical requirements which strongly influences the conduct and behavior of professional social workers. There is an identifiable social work subculture as demonstrated by similarity of interests,²⁵ attitudes,²⁶ values²⁷ and norms²⁸ among professional social workers. There is also the formal professional organization, the National Association of Social Workers, which reflects the growing awareness of interdependence and unity in social work. Through its commissions and sections the Association has made noteworthy strides in its brief history. Goals of public social policy have been adopted,²⁹ personnel standards and procedures for administering them have been established, a long-range program for the study of practice has been launched, a system for the certification of social workers is nearly completed, cooperative endeavors between the several segments of the profession show evidence of greater integration, basic policy statements have been prepared. Intensive activity involving special institutes,³⁰ recruitment efforts, public interpretation, concern with and work for the furthering of national and international social work interests have been carried forward, and an extensive publications program has been developed. The National Association of Social Workers

is making a major contribution to professional development in social work. From several parts the new Association has forged a unified group through which the profession now may speak with one voice. As an integral part of a dynamic and changing society, the profession of social work continues to be concerned with people, how they fare as the nation grows, develops, and changes, and how they might fare better. Social work without service would be lame, but without values it would be blind. The profession of social work is neither lame nor blind.

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† For addresses of periodicals listed see Appendix.

²² See, among others, *Education for Social Work and Proceedings of Annual Program Meetings*, Council on Social Work Education, *infra*. See also Towley, *infra*.

²³ See, among others, Bruno and Towley, *infra*.

²⁴ *Code of Ethics*, National Association of Social Workers.

²⁵ See McCornack and Kidneigh, *infra*.

²⁶ See Kidneigh and Lundberg, *infra*, and Oren, *infra*.

²⁷ See particularly Cohen, "Dominant Themes in the Philosophy of Social Work" in *Social Work in the American Tradition* (*infra*), and Konopka, *infra*.

²⁸ See Kidneigh, "Social Work is Humanism in Action," *infra*.

²⁹ See National Association of Social Workers, *Goals of Public Social Policy* (*infra*).

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STATE AND REGIONAL WELFARE ORGANIZATION. National and local welfare organization, discussed elsewhere in this volume, is complemented by statewide and regional organization of a variety of types.

STATEWIDE ORGANIZATION

The importance of states should not be underestimated in the governmental, social, and economic structure of America. They are the basic political units of our government. Most powers of the federal government are those delegated to it by the states. Local governments owe their powers and functions to the states in which they are located. Their importance in the social and economic life is principally because of their general compactness; the frequent uniformity of climate, population, and customs within their borders; and because they represent a legally established division of the country into convenient sub-units.

Public Agency Developments

In the field of social work and social welfare all these factors have played an important part. The importance of states in our governmental structure has had its inevitable strong effect upon public social services. Except for old-age and survivors insurance, all other major provisions of the federal social security laws are predicated upon administration or supervision of the programs at the state level. Within certain specified limits, great latitude is left to the states in the amount of grants or benefits, their duration, eligibility provisions, and methods of administration.

Within the states there are many other vital social welfare functions which are regulated or administered by the states. In care and treatment of the mentally ill and the mentally deficient it is customary for the entire legal, financial, and administrative responsibility to be vested in the state government. Adoption of children and care of dependent and neglected children may be merely regulated by laws in some states; but others may also have an active state-sponsored child welfare service. It is virtually impossible to generalize about the financing and administration of public health services among the states, but the central fact is that the basic framework and administrative patterns are established by the states. Care and treatment of juvenile and adult legal offenders offer other examples of areas in which state governments play a basic part. Many other examples could be cited, but these should be sufficient to show the far-reaching effect of states upon public social welfare programs.

Internal patterns of state administration and the division of responsibility between state and local governments defy description in a brief article. In general, each state government has administrative units concerned with public welfare, public health, mental health, and corrections. These may be completely separate or in various combinations. Their functions may range from direct administration of complete programs to supervisory and consultative activities. See PUBLIC WELFARE.

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State Commissions

Another important statewide governmental pattern which has been growing in recent years is the establishment of specialized state commissions. The most frequent of these have been in the fields of child welfare, juvenile delinquency, alcoholism, and problems of the aging. Some are appointed by state legislatures, some by governors, and some by both. Their functions may include any combination of direct service to clients, financial aid to local governments, consultation service to agencies, research, public education, and community organization service. The 1950 White House Conference on Children and Youth gave special impetus to the establishment of continuing state commissions on children and youth, and it is anticipated that the 1960 Conference will maintain this emphasis. In some states and in some fields these special commissions seem to have strengthened existing services or filled gaps in programs. In other instances they have been a source of controversy with claims that they have further complicated some complex lines of responsibility.

Historically, statewide social welfare activities under public auspices have evolved from a few specific activities such as care of the mentally ill or the physically afflicted to a network of federal-state-local partnership in a wide range of rehabilitative and assistance programs. The greatest growth, and nearly all of it in many states, came as a result of federal initiative and grant-in-aid programs, most notably those resulting from the Social Security Act of 1935 and its amendments. See *THE FIRST TWENTY-FIVE YEARS OF THE SOCIAL SECURITY ACT, 1935-1960* in PART ONE.

Voluntary Organizations

Through their regulatory powers, states have a direct effect upon the activities of voluntary agencies within their borders. This may take the form of standard-setting for care of children; licensing of hospitals and nursing homes; regulation of professional practice; supervision of fund-raising activities; and control of all adoption procedures. Fre-

quently private agencies must look to state legislatures and state departments for the entire framework within which they may operate. The greater the degree of their responsibility for the physical care or custody of their clients, the greater the amount of state regulation that is placed upon them.

It is difficult to generalize about the pattern of state or regional organization of national voluntary agencies and the federal government. The federal Department of Health, Education, and Welfare, for example, has regional offices through which it decentralizes supervision or administration and maintains closer relationships with states. The patterns for national voluntary agencies are governed by their size, the nature of their programs, and the nature of their relationships with their local affiliates. Three general patterns prevail. Some national agencies, especially the smaller ones with a loose affiliation with their locals, operate entirely from a national office. Other larger agencies operate through a few or several regional offices or sub-regional offices. These offices may serve part of one state or a large number of states. A third general pattern, especially among national health agencies, has been an effort to establish in each state units which are administered or chartered by the national agency. The functions of these state or regional offices differ greatly and again are influenced by the functions and structure of the national organization. The complexity of these patterns is illustrated in the *Service Directory of National Organizations, 1959*, published by the National Social Welfare Assembly.

Statewide voluntary agencies or state units of national agencies again differ according to their functions and the extent to which they work through local chapters or affiliates. Several states have statewide voluntary child welfare agencies which are completely independent within their states and may maintain a loose affiliation with the Child Welfare League of America. Such agencies usually provide direct care and supervision of children in foster homes, institutions, or their own homes. At the other extreme are state

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mental health associations whose functions are largely in community organization, public education, influencing legislation, and fund-raising for their state and national organizations. See NATIONAL ORGANIZATIONS IN SOCIAL WELFARE.

Statewide Community Organization

Efforts at statewide and inclusive community organization have evolved inevitably from this pattern. Local communities must look to the state for various aids to carry out their health and welfare services. This may take the form of laws to strengthen the enforcement of good standards in the local unit of a state-administered service such as a state mental hospital, or more liberal laws governing legal settlement. Nationally, the federal government depends upon the states to establish adequate programs within the broad framework of grants-in-aid. National voluntary agencies have high stakes in the framework of laws and public agencies of the states in which their local units operate.

At the state level itself, writers on the subject agree that a variety of services need to be performed. Fact finding and research are needed on unmet needs and on the quality and adequacy of existing programs. Legislators and public officials require reliable and accurate information about the laws and proposals which come before them. Bulletins can be issued on pending social welfare legislation. Information about local community experience needs to be conveyed to state legislators and officials. Interested laymen and professional people need a common meeting ground or forum for discussion of common statewide problems and a vehicle for joint action to meet them. An informed citizenry is necessary in support of progressive legislation and adequate financing of public programs. Advisory service on local problems is needed frequently by small communities which have no professional staff members in their local community organization agencies. Coordination and common services are required among a variety of public and private agencies at the state level. Voluntary fund raising can be strengthened and coordinated.

State Conferences of Social Work

In spite of these several potential needs, state conferences of social work are the only statewide community organization agencies with a broad concern for social welfare which exist in all states.¹ See CONFERENCES IN SOCIAL WELFARE.

Many of these state conferences operate without full-time professional staff assistance, and several function without any paid staff under their own direction. There have been periodic discussions in several states of broadening the functions of their state conferences to meet all or several of the potential purposes listed above. However, only a few have been able to undertake more than the annual forum and possibly some regional conferences. Lack of staff and budget have been obstacles to a broader program in most instances. Michigan, Missouri, and Wisconsin are representative of states where state conferences have broadened their programs substantially beyond the annual forum and regional conferences.

Citizen Associations

Four states maintain separate statewide citizen associations for health and welfare with social planning, social action, and/or community organization service as their primary functions. The state conferences of social work are separate organizations in these states.

These states are New York, Pennsylvania, Ohio, and Massachusetts. The following is a brief description of their activities. The order of listing indicates the relative ages of the organizations.

New York. The State Charities Aid Association is the oldest of the state groups. Founded in 1872, it conducts a variety of educational programs and provides some direct services. It functions through the method of wide citizen participation and influence in helping to maintain high standards of public health and public welfare operations. The Association works in such fields as the prevention and control of tuberculosis and

¹ Names and addresses of state conferences may be obtained from the National Conference on Social Welfare, 22 West Gay Street, Columbus 15, Ohio.

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heart disease, the promotion of public health in general, the improvement of community mental health, assistance to public hospital administration, finding homes of adoption for children, supporting high standards of child care, stimulating community services for older people, and increasing the public's knowledge of public welfare programs. It serves as the secretariat of the statewide organization of councils of social agencies and community chests.

Pennsylvania. The Pennsylvania Citizens Association for Health and Welfare is an independent statewide organization undertaking research, public education, and action in child welfare, public assistance, penal and correctional affairs, public health, and public administration. Standing committees in these fields include representatives from each county in the state. The Association offers staff consultation to communities on local community organization and provides a mechanism for the coordination of local and statewide social planning.

Ohio. The Ohio Citizens' Council for Health and Welfare is comparable in function and scope to the Pennsylvania organization. Its division of interest includes physical and mental health, family and child welfare, recreation and informal education, and community organization. (Ohio has an independent mental health association also.) Its program includes staff consultation to small communities on problems of community planning and joint financing or other local health and welfare problems. When originally organized in 1913 as the Ohio Institute for Public Efficiency, the Ohio organization was engaged in general state governmental research. It was reorganized in 1945 in its present form because of a gradual evolution to special interest in health and welfare problems.

Massachusetts. The Massachusetts Community Organization Service differs from the foregoing state organizations in its primary emphasis on consultation to local communities on problems of community social planning and joint financing. However, some state

planning, research, and coordinating activities are carried on. State budget and quota committees are part of the service and legislative bulletins are issued.

It is interesting to note that, structurally, these are individual membership organizations rather than councils of statewide agencies. Frequently these statewide organizations deal with legislative issues requiring speed and flexibility of action. It is easier for membership organizations to act in such situations than for a council in which formal approval needs to be obtained from a large number of member agencies.

Another characteristic of these organizations, at least in Pennsylvania, Ohio, and Massachusetts, is that they receive a large portion of their financial support directly or indirectly from local community chests or united funds. In 1959 the Ohio Citizens' Council received 90 per cent of its income from 59 chests or funds. In states such as Michigan and Wisconsin where the state conferences of social work have broadened their programs, much of the expansion was made possible through community chest and united fund support.

Associations of Chests and Councils

Several of the more populous states with a number of local united community funds and community welfare councils have formed statewide associations of these local chests and councils. In some states the state conferences of social work or the state citizen associations provide staff service to these statewide chest and council associations. In Ohio, for example, the Ohio Citizens' Council has assisted the Ohio United Community Fund Association to develop a quota plan for local support of state and national appeals. It has aided in promotion of legislation and research projects of special interest to chests. Similar services have been given to an informal association of local community welfare councils. The Wisconsin Welfare Council helps local federated funds in that state review the budgets and programs of state and national agencies which appeal to them for support.

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State Fund Raising

Several states have made some approach to strengthening their federated financing facilities through state-level action.

A study made by United Community Funds and Councils of America showed that some or all of the following state services were provided in eleven states:

1. Conference and exchange of information.
2. Joint study and action on common problems.
3. Development of an intrastate quota system.
4. State-level budgeting or appeals review.
5. Field and consultation service.
6. Development of a recommended state "package" of appeals.
7. Joint approach to securing a state quota for the United Defense Fund.
8. Operation of a state fund for state and/or national appeals.

The United Defense Fund has been dissolved since this study was made and the constituent agencies, including the United Service Organizations (USO), are making their appeals directly to local united community funds or through the state funds.

Probably the joint screening and review of state and national budgets has been one of the most important contributions of these state organizations. Another fairly universal and highly significant service has been assistance to local communities in the formation and operation of local federated fund raising. See UNITED FUNDS AND COMMUNITY CHESTS.

The original impetus for state funds on a continuing basis came from the National War Fund of World War II and the United Defense Fund of recent years.

Examples of state funds include Carolinas United Community Services (serving North and South Carolina), Michigan United Fund, Oregon Chest, and the Pennsylvania United Fund.

National Consultation to States

This summary of certain statewide developments has attempted to point out that

efforts in the direction of statewide community organization have taken different forms. Out of a large number of potential services at the state level only a few are being performed in most states. In the states with a greater degree of statewide organization, the services are being provided in varying combinations by state conferences, state citizens associations, state associations of chests and councils, and state fund-raising organizations. In their national affiliations, the traditional state conferences have looked to the National Conference on Social Welfare for staff consultation and guidance. Conferences with more inclusive programs, the citizens associations, and state funds have looked in differing degrees to United Community Funds and Councils of America as a "parent organization." All have looked to the National Social Welfare Assembly for certain kinds of information and relationships with national agencies.

REGIONAL PLANNING FOR HEALTH AND WELFARE

Rapid population growth, economic expansion, improved transportation, and increased mobility of people have sharpened recognition of need for an area approach to social welfare planning in some parts of the country. This has been especially true in large metropolitan areas where the natural social and economic spheres of influence have spread across several county lines and even state lines. Increasingly, people live and work in different communities, traveling great distances in the process but still remaining within one natural metropolitan area. Despite a maze of differing political subdivisions they expect some fairly even and orderly development of social services throughout the area.

Social planning bodies have faced many complications in their efforts to cope with such regional problems. The growth has been extremely rapid in some sections where a huge industrial plant has been built or gigantic private housing developments have sprung up. Usually there is a process of "catching up" with social planning after the growth

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has taken place. New residents expect to have services such as hospitals, health protection, and youth programs to which they have become accustomed in older communities. They are understandably intolerant of delays. Agencies in the central city are frequently short of funds and staff and are reluctant to spread their services thinner to serve new areas. Public and private services become complicated by different units of local government and even different states with various kinds of laws and standards. Often there are struggles for control in areas of great new growth, with the established residents and public officials resisting the changes being forced upon them. In some sections, metropolitan areas have spread out to engulf old communities with established community chests, community welfare councils, and a structure of existing social agencies. Such communities tend to have a firm sense of separate identity within the area of growth.

Fund raising by united community funds has faced a special set of complications in such situations. Companies have preferred to make one gift covering the area in which their employees live. Employees who work in one area of solicitation and live in another are confused between their sense of responsibility for the community in which they make their living and a desire to finance services for their own families and neighbors.

It is impossible to touch upon regional developments in physical planning or to cite more than a few examples of emerging patterns in area social planning and financing for health and welfare services.

The fund and council of Metropolitan Detroit have had a system of formally organized branches among its suburban areas since the 1920's. As much autonomy as possible is given to the suburban boards of directors, who in turn agree to recognize the ultimate authority of the metropolitan organization. In the Los Angeles and Boston areas there has been similar recognition of the needs of metropolitan areas for a number of years. The patterns of relationships have differed with the characteristics of the areas.

Developments in other areas or regions

have taken different forms. Many of them came after the establishment of a surrounding ring of separate chests and councils. In San Francisco the central fund raising organizations worked with suburban or neighboring chests to form federations of simultaneous campaigns with agreed-upon distribution of funds to the participating cities. Efforts are under way to coordinate local planning councils in the "Bay Area."

In Kansas City, the Heart of America Campaign represents a federation of campaigns crossing county lines and even a state line. A Regional Health and Welfare Planning Study Committee has been formed to work toward more orderly planning and development of services for the entire area. Staff service has been made available to the committee by the Kansas City, Missouri, Council of Social Agencies.

The Philadelphia District Health and Welfare Council has been organized on a regional basis since 1947. The council operates on a dual system which recognizes the identity of several natural areas through district councils and at the same time works with groupings of agencies through functional divisions. In Cincinnati, the fund and council have reorganized on a regional basis including an adjoining Ohio county and three counties across the Ohio River in Kentucky.

It is impossible at this time to predict the ultimate scope and form of these developments but similar problems are being faced in all large areas and even some smaller ones. The significance of the movement is that the problems are being recognized and experiments are under way, with the flexibility and adaptability which have characterized community organization in America. See COMMUNITY ORGANIZATION FOR SOCIAL WELFARE.

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RICHARD S. BACHMAN

SUPERVISION IN SOCIAL WORK. The practice of supervision in social work over the years reflects varying stages in the growth of the profession and significant theoretical influences. Traditionally the supervisor has been assigned administrative and educational responsibilities. The combination of these

tasks has given a distinctive character to the supervisory job. Until recently it was assumed that the supervisor, because of his intimate knowledge of the practice of the supervisee, and because of his place in the administrative structure of the social agency, was in the best position to teach, administer policies, and evaluate the social worker's performance. In the past six years, due to changes in the status of trained experienced personnel and new insights in organizational theory, the nature of the supervisory job is being re-evaluated. Specifically, questions are being raised about the continuance of supervision for the graduate experienced staff and about the efficacy of combining the tasks of teaching and administration in one job.

Growth of the Profession

The initial use of supervision in social work was associated with the master-apprentice period which antedated the appearance of the trained graduates from schools of social work. Knowledge was rooted in experience and had to be transmitted to new workers largely on a precept level, as advice about the practical way of handling the case situation.

Casework practice in the early period was heavily weighted in terms of the administration of relief, child care, medical and psychiatric resources, and other social services. The supervisory task until the 1920's was defined in its literal sense of "overseeing," watching the work of another with responsibility for its quality. The supervisor was responsible for the assignment of the work load, checking on the worker's performance in terms of administrative rules and procedures, and making or confirming decisions in handling the case. Paralleling the developments in casework practice in which differential methods in working with individuals and families began to be outlined, supervisors and staff members began to formulate generalizations based on concepts and principles about casework method. When casework was consciously viewed as a treatment method in which science and art have a place, the needs of practice began to affect both administration and education in social work. Administrative

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practice was influenced in the direction of flexibility in the light of the treatment concept of treating different clients differently. Teaching moved to a conceptual approach, however rudimentary, in the beginning. The administrative supervisor naturally fell heir to the new responsibility of training the staff in casework method. For a long period this interest tended to overshadow the administrative assignment of the supervisor. Thus the stage was set for the pattern of supervision for the next thirty years. As the fields of group work and community organization professionalized their methods they tended to take over the casework model of supervision, although it was never entrenched in these areas as it was in the casework agencies.¹

The organization of the schools of social work brought about the formal use of supervision as an educational method in student learning. Field work in a social agency was accepted as an important part of professional education. This assumption was based in John Dewey's principle of learning through doing,² and recognition of the need for tutorial instruction in a complex learning situation.

The continuance of supervision for graduates of schools of social work was related to the fact that even two years of professional education was not sufficient to enable the student to consolidate his learning. It was not feasible to extend the training beyond a two-year period in a young profession which was, and still is, having difficulty in recruiting candidates for the Master's program. Consequently continued supervision of the graduate social worker for the first two or three years of practice was partially conceived as an internship. Because this conception was never formally implemented the period of supervision tended to go on indefinitely, particularly in private agencies in urban settings. Status rewards including salary increases were naturally developed for supervisors as leadership personnel.

In the past decade, questions about the

status of the practitioner in social work began to be heard. Their significance lies in a new stage of practice development. Skills and satisfaction in practice itself began to engage the worker wholeheartedly. Many workers preferred to remain as practitioners but were constrained by lack of recognition and commensurate salary. One element of recognition was interpreted to mean the opportunity to practice without immediate obligation to supervisory personnel. Pertinent issues were voiced, interestingly enough, by Dr. Charlotte Babcock in a paper delivered at the National Conference of Social Work in 1953.³ As a psychiatric consultant to social agencies, and as a psychiatrist who had analyzed social workers, Dr. Babcock questioned the value of continuous supervision for the experienced caseworker. She pointed out its negative effect in so far as it fostered authority-dependency problems. Esther Schour, in discussing this paper, amplified the problems and made proposals about evaluation procedures designed to promote the independence of the worker.⁴ This breakthrough opened the door for a new look at supervision.

The past six years have seen the beginnings of new formulations about the relationship between the educational and administrative alignments of the supervisor, experiments in consultative arrangements for the experienced worker, and experiments in group methods of supervision with the source of influence located in peer groups rather than administratively designated supervisors. The positive values associated with all of these experiments for the practitioner are those of increased participation in learning and responsible self-direction. The unresolved problems lie in the area of defining the appropriate administrative structure of the social agency which is accountable to clients and the community for the service it sponsors. In the experiments in group supervision particularly, there is evidence of role confusion as the administrative personnel function as members of discussion groups. In some instances the supervisor has felt obligated to lay aside his administrative

¹ See Williamson, *infra*.

² See Dewey, *infra*.

³ See Babcock, *infra*.

⁴ See Schour, *infra*.

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role or to ask the group to share in it even to the extent of evaluating colleagues.⁵

Administrative issues are intrinsically bound up with the definition of positions in the agency structure. Social work administration has heretofore held the supervisor accountable for the quality of the work of his supervisees. The proposed changes in the status of the practitioner emphasizes the need to shift the accountability for adequate performance and his own development to the worker himself. Thus changes in job definitions and the administrative structure are involved. One view has been advanced which suggests the separation of the administrative and educational (staff development) functions.⁶ In this conception administrative supervisors would have line responsibility with direct relationships with the staff. Teaching personnel would not have line responsibility but would act as consultants on practice to the staff and be advisory only to the administration on matters of evaluation.

Another view emphasizes that supervision is intrinsically an administrative function. The necessary teaching is seen as incidental to this process and is logically combined in one job.⁷ The amount of responsibility any agency would assume for the education of the worker is delimited in this proposal. A large responsibility would be placed on the individual social worker to seek and make use of educational opportunities on his own initiative as a part of his career planning.

It is clear, then, that developments in supervision have paralleled different stages in the professionalization of the practitioner. The amount of training has moved from the apprentice stage to the Master's degree in social work, and to graduates with post-Master's education and extensive experience. The current introduction of the Doctoral program in the professional schools marks a new venture which will substantially influence the profession in the next quarter-century.

Theory Development Affecting Supervisory Method

Developments in educational theory, and the organizational theory bearing on administration, have been influential in shaping supervisory method in each of the periods of professionalization just described. Because the educational role of the supervisor has been predominant in the supervision of both students and staff, this subject will be treated first.

Educational Theory

Learning theory derived from John Dewey emphasized learning through doing. This theoretical concept elevated field work from apprentice training to an educational activity concomitant with classroom teaching in the professional schools. For quite some time the burden of conceptualizing practice and teaching method was left in the hands of the classroom teacher. The field supervisor of the student had his primary identification with the agency. Only recently has he been given the title of field instructor. The trend now is to define a mutual task in field and classroom teaching designed to further common educational objectives. There is the recognition that each has a responsibility for teaching concepts and practice "know-how." Differences lie in the tutorial versus the group teaching situation, and some variance in priorities of attention given to conceptualization of methodology (more largely classroom) and attention to the management of treatment in the individual case (more largely field work). Efforts to integrate the class and field work syllabus are under way.

A more comprehensive look at learning theory is broadening the field of attention for study. Charlotte Towle and Gordon Hamilton have introduced learning concepts formulated by Ralph Tyler and Kilpatrick in the field of education.⁸

Classical learning theory in psychology is making its appearance largely in terms of

⁵ See Fizdale, *infra*, and Wax, *infra*.

⁶ See Austin, "An Evaluation of Supervision," *infra*.

⁷ See Scherz, *infra*.

⁸ See Towle, *The Learner in Education for the Profession (infra)*, and "The Case Method in Teaching Social Work," *infra*. See also Hamilton, "Teaching Psychiatric Social Work," *infra*.

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the phrasing of relevant questions for study, rather than in answers which are immediately useful. Questions such as the following suggest another focus. What is the place of repetition in learning? What is the phase of automatic learning? Does learning one thing help in learning something else? When and how does transfer learning take place? What are the limits of learning?⁹

Social work teaching has, however, been predominantly interested in making adaptations from psychoanalytic personality theory. Psychoanalytic theory furnished no clear statement of a learning theory. It did supply a theory of the nature of learning problems having to do with anxiety and its role in inhibiting learning. Unresolved libidinal and aggressive conflicts were demonstrated to be the cause of blocking and damaged ego capacity. These problems were seen to interfere with the mastery of learning tasks and the use of learning opportunities. Transference problems also were identified in the problematical relationships between teacher and pupil. Quite naturally this theory was put into use in the delineation of learning problems and in the development of individualized teaching method with students and staff in social work.

Educational principles which evolved in supervisory teaching were articulated as: (a) the importance of understanding the needs and capacities of the individuals who are learning must be recognized; (b) the subject matter to be learned and the student's way of learning must be related to each other; (c) the subject matter to be taught must be generalized from significant specific facts in the case, or group of cases, and presented in meaningful ways with some orderly progression in intellectual and emotional demands on the learner; (d) the task of mastering a substantial body of knowledge from other disciplines, the science of human relations, and the growing body of social work knowledge and social work, demands a high degree of disciplined use of the intellect which must be brought to bear in learning; (e) learning

about people in order to help them is a highly charged emotional situation which can be a spur to learning, but also a source of conflict; (f) a student learns best from a teacher he likes; and (g) self-awareness is essential to the understanding of others.

These principles had been formulated by Dewey and others before, but under the influence of psychoanalytic theory they were re-specified by social work supervisors. Understanding the student meant understanding his personality, his defenses, and his anxiety as they affected his work performance. The supervisor-worker relationship was elevated to a priority position and semitherapeutic skills were incorporated into pedagogical method.¹⁰ In this context particular emphasis was placed on the importance of self-awareness as a prerequisite to understanding others.¹¹ This emphasis on self-awareness was articulated in both the diagnostic and functional schools of thought in casework, with some differences in philosophy and the educational method used to help the student acquire it. For a fuller development of the functional point of view about this aspect and other methodological matters the reader is referred to Virginia Robinson's treatment of the subject in her book, *The Dynamics of Supervision Under Functional Controls*.¹²

Conviction about the place of self-awareness in learning still holds a high priority in theory and practice. Because this is so, the supervisor is inevitably involved in a constant effort to clarify his role as educator rather than therapist. Experience and new theory from ego psychology have aided in the appropriate delineation of these roles. There have been shifts in the nature and management of the worker-supervisor relationship and in concepts about the educational diagnosis of the learner. Thinking is directed to the recognition that social work students are adults and must be held to conditions suitable for adult learning. The worker-supervisor relationship is viewed as a means to an end, not an end

¹⁰ See Austin, "Basic Principles of Supervision," *infra*.

¹¹ See Hamilton, "Self-Awareness in Professional Education," *infra*, and Grossbard, *infra*.

¹² See Robinson, *infra*.

⁹ See Hilgarde, *infra*.

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in itself. Regression is discouraged, and other sources of learning are encouraged. A beginning has been made in classifying learning patterns of social work students.¹³ The belief that learning patterns are related to life problems and other adaptive patterns is still held but this does not change the fact that the student must be taught in relation to his commitment to learn to be a social worker.

The discussion method continues to be the method of choice in supervisory teaching because it allows for the participation of the learner who must make ideas his own. Appropriate didactic teaching is made possible, however, as a definitive body of knowledge is incorporated into the subject material to be taught.

It is now more clearly seen that learning and work may be conflict-free areas in many students, and that work can be an avenue of sublimation or a constructive defensive operation. The considerable effort that is being directed to the selection of students suitable to social work inevitably makes the task of the social work educator easier. The fact that any initial screening is far from absolute is one reason why the position is taken that experienced supervisors must be in charge of student education. Only experienced supervisors are capable of determining the student's capacity to work in the profession. It is reasonable to assume that under these conditions students who do not possess the particular talents should be identified and counseled out of the field by the end of the first year of professional education.

Contributions from a variety of learning theories support the ideas of supervisors and experienced practitioners alike that a period of intensive supervision should have an ending. The law of diminishing returns sets in. If by the end of three to five years of a more or less formally structured internship period a worker has not moved into a responsible independent level of practice the chances that he ever will do so are open to question. Provision may be made for him to have the necessary supports but his status will be dif-

ferent, and his contribution, while valuable, will be limited in comparison to the leadership core. The ongoing practitioner who merits recognition in his own right, however, is the one who is raising the questions about his status and his place in the social agency. In this connection there will be highlighted briefly below certain aspects of administrative theory that have bearing on the question of supervision for the experienced worker.

Organizational Theory

The fact that organizational theory in social work has been static for many years may be one factor in the lack of interest and lack of skill shown by supervisors in this part of their charge. Notwithstanding, supervisors made important contributions to administration through their use of psychoanalytic theory in the analysis of work stress and the individualization of their supervisees. But until recently the conceptual tools for an integrated social psychological theory of interrelationships between agency structure, staff positions, and services to clients were not available. Needed insights are evolving from the social sciences, particularly from the theory of bureaucratic structure, communication theory, and role theory.

Norman Polansky has analyzed some aspects of the social system in the agency that bear on the administrative process.¹⁴ He points out the complex problems posed by the nature of the job which is so largely dependent on the internal controls of the worker and the fact that professional objectives are best maintained through a government of men rather than ritualized procedures. Distortion appears in administration, however, when the leadership process is personalized rather than formalized.

The trend toward large organizations in both public and private agencies has also focused attention on the need for formal rather than informal structure in the social agency. The resulting bureaucratization has to be reconciled with the tradition of the independence of the professional man whose professional decisions have not been deemed

¹³ See Berengarten, *infra*.

¹⁴ See Polansky, *infra*.

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subject to the sanctions of an authoritarian organization.

Walter Wardwell has suggested that professional roles in general resist bureaucratization.¹⁵ In spite of resistance he says they are subject to this influence. He writes that the "free" professions, crafts, and enterprises, are undergoing modification in favor of emerging bureaucratic-type structures such as hospitals and universities and industrial bureaucracies in the case of "free" enterprise. The relation between executive and professional roles has received little attention either theoretically or practically, probably because of greater interest in labor roles and in relations between organized labor and management. He suggests that it may be the specialized roles of the professions themselves that can make possible a solution to this problem.

In this connection the recent experiments in group supervision can perhaps be understood as gropings for some form of the "groups of equals" pattern of the professional association, rather than the bureaucratic type of organization represented by the earlier supervisory structure. A satisfactory solution of the problems in this area is the challenge for the future. Social work should be able to invent new forms as it expands the conceptual frame of reference for administration.

Another problem in the present definition of the supervisor's job is a communications problem. Supervisors have been designated as the main channel of communication between the staff and the administrator.¹⁶ In this system the supervisor is the middleman who must interpret one group to another rather than letting them speak with each other and interact directly. Misunderstanding often results and is a frequent source of agency tension. The supervisor now carries an inordinate burden because he is subject in his dual role to the pulls of organizational loyalty and loyalties to the staff on many occasions. A study of this subject should suggest new delineations of channels and job responsibilities.

The assignment of the evaluation responsi-

bility to supervisors has been useful in some respects and problematical in others. Specific criteria for job performance have been developed because the supervisor knew his supervisee and his work. However, supervisors have tended to confuse the evaluation process and report by introducing educational concerns. An educational appraisal actually is quite a different matter from an evaluation which carries a rating responsibility and implications for promotion or dismissal. There is ample experience to demonstrate that no matter how able the supervisor is in his teaching role, mixed feelings are aroused which affect the learning situation of the supervisee when the teacher is also the sole evaluator. That these feelings will be transferred to an administrative superior cannot be denied. But that it can be handled more clearly and appropriately in the administrative context is an assumption posed for testing. The development of criteria for job performance and the lessening of the number of evaluations have been suggested as ways of objectifying the procedure and decreasing strain.

The definition of the place of the experienced practitioner in the agency structure is of equal significance. If professional recognition and salary scales are opened so that the practitioner is given equal status, if not superior status, to that of the administrative personnel, the view is held that quite a different climate may be engendered in the agency. The practitioner with new obligations and incentives for professional development would be accorded a status similar to the practitioner in other professions. It should not be necessary to say that independence for the experienced worker does not mean the avoidance or denial of mature interdependent relationships.

Theory about communications, role theory, and sociological insights about bureaucratic structure, then, is giving rise to new questions and will influence changes in administrative practice that will have bearing on the definition of supervisory positions. See ADMINISTRATION OF SOCIAL WELFARE AGENCIES.

¹⁵ See Wardwell, *infra*.

¹⁶ See Beck, *infra*.

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Conclusion

The development of supervision in social work reflects the various stages in the growth of the profession and significant theoretical influences. Supervision has made a distinctive contribution to social work education, and the field instructor is recognized as an educator concomitant with the classroom teacher in the Master's program. The supervision of the experienced graduate worker beyond a formal or informal internship period of practice has more recently been challenged. A demand for changes in the status of the practitioner in the profession is forcing a review of this aspect of the supervisory job. Likewise, questions about the supervisor's ability to function without role conflict and confusion as teacher and administrator have been posed. New experiments are under way. In some agencies experienced staff have access to supervisors on a consultation basis. Group supervision in which the supervisor is a member of the group is making its appearance, although confusions about administrative responsibility and the extent to which group teaching can take the place of tutorial teaching are recognized as knotty problems.

Supervisory teaching methods have been influenced by learning theory primarily adapted from psychoanalytic personality theory. Some modifications in the management of the worker-supervisor relationship and teaching techniques are emerging as contributions from ego psychology, and other learning theories are being explored.

The trend toward large organizations in the field of social work is forcing the growth of bureaucratic structure in both public and private agencies. This factor has special meaning for supervision as it is related to administration. The supervisor who is designated as an administrator and a teacher in the staff development program is finding it more difficult to maintain the position in which he is a middleman, without role conflict and role confusion. Increased specialization in both education and administration places an inordinate demand on his time, and ability

and loyalties are strained. As these problems are being recognized new solutions are being proposed. Other concepts in administration which affect supervision are being derived from sociological insights about bureaucracy, role theory, and communication.

It is apparent that the job assigned to the supervisor both in the Master's program in professional education and in the staff development program in social agencies is undergoing change.

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LUCILLE N. AUSTIN

UNITED FUNDS AND COMMUNITY CHESTS. In 1958, united funds and community chests in 2,100 American communities raised \$427,262,622 for use during 1959 by 27,700 participating agencies. These united campaigns enlisted the efforts of 3,300,000 volunteers and secured 26,700,000 contributions.

Interest in the idea of combination, or federation, of fund-raising appeals for voluntary agencies began to develop in North America during the latter part of the nineteenth century. By 1915 there had been experimentation with joint fund raising in several communities. Conditions during the first World War gave great impetus to the movement, and war chests were organized in nearly 400 communities as local leaders sought to solve problems arising from the addition of appeals for war welfare work to the usual recurring financial campaigns by ongoing agencies. Some of these war chests

assumed responsibility for raising money for non-emergency social welfare agencies as well as for war related activities.

With the advent of peace, war chests were dissolved in many communities but elsewhere their purpose and structure were modified and the organizations continued to carry on cooperative fund-raising campaigns. During the third decade of this century the number of communities in which federation of fund-raising appeals was known to exist increased from 39 to 353. Other significant events and developments during the period included widespread adoption of the name "community chest," development of a national association, improvement and systematization of the methods of budgeting and allocating funds to agencies, extensive exchange of information and ideas among leaders of federations, critical study and refinement of fund-raising methods, and experimentation with new approaches. Also during this time it was recognized that successful executive leadership of financial federations could best be provided by persons who possessed specialized knowledge, skills, and understandings. Institutes and training programs were developed.

During the 1930's the number of American communities in which the federated method was used passed five hundred. During this time financing federations took leadership and joined with other agencies in efforts to meet welfare needs arising from widespread unemployment. In 1932 a total of more than \$100,000,000 was raised by 400 local federations; this was the largest combined amount to that date and was not exceeded until 1942. Unemployment problems and other factors gave rise to national cooperative mobilization efforts, conducted under auspices of the national association, speaking in behalf of and serving the interest of local federations.

The period of World War II found local federations joining forces under the leadership of a national war fund to again support war relief and other emergency services and to continue financing of the local and national social welfare services of ongoing agencies. Two years after the end of the war the num-

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ber of known federations exceeded one thousand.

The postwar period has been marked by appearance of new problems and development of some new approaches in federated fund raising. Prior to World War II, federations in most communities included as participating agency members most of the important voluntary agencies seeking general community financial support. At the outbreak of the war, chapters of the American Red Cross withdrew from united campaigns. As the war ended many health and specific disease agencies were newly organized or greatly expanded; several of these had strong national leadership and conducted vigorous separate campaigns which gained widespread support. There was considerable concern on the part of civic leaders, including those active in the leadership of financing federations, about the number of fund-raising campaigns, and other problems arising from the rapid growth of new services relatively uncoordinated and unplanned in relation to each other. The autonomy of local financing federations was emphasized by the variety of attitudes displayed and actions taken with respect to the new and growing independent agencies.

Financing federations in some communities, doubtful of the extent of public interest in the new agencies and fearful of assuming financial obligations beyond money-raising capacity, at first made no moves to invite or admit the health agencies into membership. In other communities federations adopted an "open door" policy and invited the newer agencies to join the joint financing plan on the same basis as local and other national agencies. Some local units of some health agencies did become participants on this basis; others, directed by national policy, continued with their independent campaigns. Among reasons offered by agencies for non-affiliation with financing federations were: need to retain identity, objection to submission of budget for review and approval, objection to yielding to a central group the authority to determine the amount of money to be allocated to the agency, and fear that

participation in a federated campaign might result in less money.

Formation of United Funds

In many communities the problems of numerous campaigns spurred a search for new plans whereby fund-raising appeals might be united in a manner avoiding some of the objections offered by agencies. In Detroit in 1949, and in many other communities shortly thereafter, new financing federations were organized. These varied in structure, name, and, to some extent with respect to principle, from community to community. The term "united fund," frequently incorporated into the local name, came to have generic meaning, signifying usually that one or more of the larger, theretofore separate, agencies were included in the federation. Some "united funds" were established as organizations of contributors, usually with strong leadership from business, industry, and labor; others included agencies as partners. Often the previously existing community chest with its member agencies was included in the fund as a "member agency."

Definitive criteria to distinguish united funds from community chests have not been established. Generally the former, in addition to including some agencies not ordinarily participating in community chests, follow different procedures in allocating funds to participating agencies; further, united funds frequently have utilized innovations or improvements in fund-raising methods and have aroused new enthusiasm for giving through a joint campaign. Currently, little emphasis is being placed on distinction between the two types of organization and fund raising activities of both are referred to as united campaigns; the slogan "Give the United Way" is used by both. The number of financing federations identified as united funds continues to increase (see Table I) as community chests decrease in number.

United funds collectively accounted for 81.9 per cent of the total raised by financing federations for 1959.

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TABLE I
NUMBER OF UNITED FUNDS BY YEAR *

United States			
Campaign Year	Number Including Red Cross	Number Not Including Red Cross	Total United Funds
1950	4	102	106
1951	23	138	161
1952	83	193	276
1953	156	268	424
1954	297	275	572
1955	412	295	707
1956	603	259	862
1957	788	219	1007
1958	936	172	1108
1959	1077	140	1217

* United Community Funds and Councils of America, *Experience in United Funds*, 1958.

Premises Underlying Federation

Federated financing rests upon three premises: (a) that contributors and volunteer workers prefer one campaign to several; (b) at least as much and usually more money can be raised through one united effort as through many separate campaigns; and (c) that agencies, without detriment to their individual programs, and to the advantage of their combined programs, can relinquish certain prerogatives and gain direct and indirect benefits through participation in a financing federation. There is considerable evidence to support these premises. In nearly every instance a newly organized united fund in its first year has made more money (in recent years on the average 19 per cent more) available to the participating agencies than they previously secured through separate campaigns. Moreover, established united funds have continued to raise more money year after year (the combined annual amount has ranged from 2 to 10 per cent more than the previous year during the period 1953 to 1959).

In support of the third premise may be cited the satisfactory participation, during forty years, of local agencies, and many with national affiliation, in federations. It is worthy of note that instances of abandonment of federated financing by a community are practically unknown. Reasons cited for

the successful operation and growth of the united campaign method include economical use of volunteer effort; protection to contributors through review of agency programs and financial operations by responsible citizen groups; enabling of agencies to direct maximum effort to services through reduction of their time needed for organization of fund raising; securing of broader financial support through a combined campaign than through several separate efforts; encouragement of cooperative planning and program operations; allocation of contributed funds in relation to community needs; and reduction of fund-raising expense.

While financing federations vary in form, again illustrating autonomy, the usual structure is a corporation not for profit with a membership base. Policy is determined and work of the organization directed by a board in the selection of which contributors and participating agencies frequently share. In some cases the organization is designed to perform only the function of raising money. Other organizational structures are designed to raise funds; to budget, or allocate, to the participating agencies; to interpret to and inform the public; and to engage in planning of health and welfare services. The name "united community services" often identifies the multifunction operation. *See COMMUNITY WELFARE COUNCILS*. Raising and budgeting money for the support of the majority of voluntary agencies in a community is closely related to the planning and coordination of the total program of health and welfare services. It is impossible to perform one function without becoming involved to some extent in the others and, whether these are carried on within one or separate structures, close liaison is essential. The addition of a united fund to the previously existing financing federation and planning council has resulted in cumbersome and inefficient structure in many communities. Currently, revision of structure is receiving widespread attention and action.

At this writing, controversy over united versus separate fund raising is vigorous. Several national agencies prohibit participa-

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tion of their local units in federation. Some of the opponents concede values in the united method but contend that their own interests are best served by remaining separate; others condemn the very existence of the federated plan. As the issue is hotly debated, both federated and independent fund raising exist in most communities and both lay substantial claim to a measure of success. While there is evidence of significant public interest and concern the ultimate outcome cannot now be foreseen.

Planning and Conduct of Campaigns

The planning and conduct of federated fund-raising campaigns has been developed into an art, practice of which is constantly being refined and improved. Increasing use is being made of scientific methods of evaluation, study, and analysis. Attention is given to human motivations, economic and social structure and processes, personal satisfactions and relationships, nature and theories of leadership, and the like. Numerous campaign devices have been introduced and improved or adapted. Increasingly, financing federations are recognizing that their fund-raising operations not only must be effective in raising money but must be a positive influence in improving quality and adequacy of all services, governmental and voluntary, and must aid in increasing public interest in, and understanding of, health and welfare needs and services.

Basic to campaign organizations and procedures are the ideas that: (a) every individual and corporation with income or resources is a potential contributor to the community united campaign; (b) amount of each contribution should be in proportion to resources and relative magnitude of economic or social activity of the contributor; (c) a vigorous and individualized solicitation of each prospective contributor is necessary to produce adequate giving; (d) programs of interpretation and information are necessary to the maintenance of interest and confidence of contributors; and (e) the solicitation of contributions most appropriately is accom-

plished by volunteers who ask the gifts of their neighbors and occupational associates.

Allocation of Funds

Each agency participating in a financing federation is allocated a specific sum of money or a share of the total, generally through a well-defined budget procedure. Each agency prepares detailed estimates of income and expenditures for the forthcoming fiscal year and requests an amount of money; ordinarily this is the deficit between expense and other income estimates. The financial data, accompanied by information concerning the program and activities of each agency, are analyzed and compared by a budget committee of selected volunteers, assisted by members of the federation staff. Conferences are held with representatives of the agencies, and facts pertaining to total community needs and over-all welfare programs are considered. The committee then recommends to the board the amount of money to be paid to each agency during the fiscal period. The amount recommended may not be the same as requested by the agency as adjustments are made on the basis of relative needs of agencies and in relation to the campaign result. While there is no standard pattern of amounts of money allocated for specific agencies or functional fields, there are similarities among communities. The estimated distribution of the total raised for 1959 by 2,100 federations is shown in Table II.

National Association

Since 1918 a national association has existed. Now named United Community Funds and Councils of America this Association is financed by, and exists for the benefit of, local federated financing and health and welfare planning organizations which constitute its membership. It provides services and information pertaining to fund raising, personnel, public relations, welfare planning, research, budgeting, and consultation on special problems. The services are made available through field visits, conferences and institutes, correspondence, library loan service, and publications.

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TABLE II

PERCENTAGE OF TOTAL ALLOCATED FOR EACH TYPE OF SERVICE FOR 1959 BY ALL FEDERATIONS

(Total funds, \$427,262,622)

Type of Service or Agency	Per Cent of Total *
Family and children	24.3
American National Red Cross	13.1
Health	15.6
Recreation	29.7
Other and miscellaneous	3.1
Community welfare planning	3.2
Fund raising expense	4.2
Administration—year-round	2.8
Pledges not collected	4.0
	<hr/> 100.0

* Estimated on basis of reports accounting for about 50 per cent of total funds.

Campaign promotion aids are prepared annually and offered to the membership at prices below costs of separate design and production by a local organization. Among these items are: solicitor training materials, selling aids, portable displays, posters, awards, emblems, flags and banners, TV and movie films, letterheads, and contributors' insignia. A monthly magazine, *Community*, is published.

Acting on behalf of its members the Association performs functions which must be on a national basis. A publicity and promotion effort, utilizing national media, is conducted each autumn in support of the 2,100 united campaigns. Liaison is maintained with other national groups, such as welfare and health agencies, business and labor organizations, the federal government, and national citizens groups.

The Association carries leadership responsibilities in the field of federated fund raising and joint planning for health and welfare. This leadership has to be exercised without infringing on the principles and traditions of autonomy of the members, and without authority to commit them to any policy or action. The Association helped create the National Health and Welfare Retirement Association in 1945. It was involved in establishment of the National War Fund and the United Defense Fund. It has had a part in facilitating and encouraging greater participa-

tion by organized labor and national business concerns. The National Social Welfare Assembly and recently the Medical Research Program of the National Fund for Medical Education have had the close cooperation and support of the national Association.

State Funds

An extension of the federated financing principle is seen in the development of state funds. These perform, in the dozen states where they exist, the function of combining the needs of statewide agencies and the state's share of the budgets of several national agencies into one "package." Each locality within the state is assigned a quota in proportion to its giving ability and the assigned share is generally included in the local united campaign. Program review and budgeting are carried on by statewide committees. There is evidence that state funds can help solve some perplexing problems. A number of leaders in the federated movement anticipate that others will be established and that eventually some form of national federation will be established. Wartime experience suggests that such a plan is feasible. See STATE AND REGIONAL WELFARE ORGANIZATION.

Personnel

Most financing federations, except those in very small communities, employ professional staff to perform, in accordance with policies established by the board, the work of administration, planning, and organizing fund raising, providing technical assistance in budgeting, public relations, and research and fact finding. Persons to do this work need special preparation. They need to understand the community organization process and its application, and to be well informed concerning the structure and dynamics of communities. See COMMUNITY ORGANIZATION FOR SOCIAL WELFARE. Special preparation for practice in federations is provided by some schools of social work.

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RUSSELL W. LEEDY

VETERANS' BENEFITS AND SERVICES.* Veterans of service in the armed forces constitute 15 per cent of the nation's population of close to 180,000,000. When their families and dependents are included, approximately 40 per cent of the entire population may be touched in some way by the benefits and services made available to this group of citizens. Programs benefiting veterans, therefore, have major impact on the social welfare and thinking of the nation.

The philosophy underlying these benefits and services stems from early recognition of governmental responsibility to compensate for loss of earning power as the result of injury

on the battlefield. The Colony of Plymouth followed the example established by the English Government and adopted legislation in 1736. This law provided that: "If any man shalbee sent forth as a souldier and returned maimed, hee shalbee maintained competently by the colonie during his life." Other colonies made similar provisions. On August 26, 1776, the Continental Congress passed legislation recognizing the joint obligation of the colonies which formed the basis for initial payments by the United States after the Constitution was adopted and for future Congressional action.

Until World War I, veterans' benefits consisted largely of land grants, retirement pay, service pensions, and domiciliary care. Medical care was available at the several branches of the National Home for Disabled Soldiers but limited to residents of these domiciliary homes. With conscription of men to augment the pitifully inadequate "standing army" of 1917, came recognition of need for (a) financial support for dependents of service men; (b) low-cost government insurance to protect the families of service men and veterans; (c) medical care and treatment and rehabilitation training for those disabled in service; and (d) service-connected disability and death benefits. These were included in an amendment to the War Risk Insurance Act in October 1917.

Initially, administration of medical care to those disabled in service was complicated by delegation of responsibilities to two federal agencies, the Bureau of War Risk Insurance and the Public Health Service. In 1921, the Secretary of the Treasury appointed a Committee of Consultants composed of four of the nation's outstanding physicians to advise him regarding a hospital program. From their recommendations came Congressional action on August 9, 1921, creating the Veterans Bureau and placing responsibility for inpatient and outpatient medical care, vocational training, and adjudication of claims for disability benefits under one Director with a Medical Division in Central Office. Less than a year later Congress authorized the Veterans Bureau to make its hospital facilities available

* For current information regarding veterans' benefits and services, the reader is referred to his local Veterans Administration Office, or to the Veterans Administration, Washington 25, D. C.

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to all veterans of the Spanish-American War, the Philippine Insurrection, and the Boxer Rebellion suffering from "neuropsychiatric and tubercular ailments and diseases," thus granting medical care to veterans other than those of World War I and recognizing the need for treatment of diseases other than those of service origin.

The year 1923 saw extension of these benefits to veterans suffering with other long-term diseases and blindness. In 1924, hospital treatment was extended to all veterans of any war so far as Government facilities would permit. A Medical Council was established in the Veterans Bureau with the object of improving medical and hospital services. This Council consisted of thirty nationally prominent specialists in the medical profession. At its first meeting on July 22, 1924, the Council recommended that social service be established in the regional offices and hospitals of the Veterans Bureau. This service would assume responsibility for and expand the social service functions developed in veterans' installations by the American Red Cross and carried in a few of the regional offices by workers appointed by the chief medical officers.

Social service was formally established in the Veterans Bureau in 1925, and a superintendent of social workers appointed by the Chief Medical Director to develop its program. Appointment of social workers under civil service examination began in psychiatric hospitals and regional offices in 1926, and in general medical and surgical and tuberculosis hospitals in 1927.

The Veterans Administration (VA) was created in 1930 by Congress in an Executive plan for reorganization of agencies serving veterans, to assume the combined functions of the Veterans Bureau, Pension Bureau, and National Home for Disabled Volunteer Soldiers. It was designated as the basic federal agency to administer benefits and services made available by Congressional action to veterans of the armed forces, and has continued to carry this responsibility.

World War II stimulated more advanced national thinking in regard to the needs of

the veteran. The fact that the youth of the nation was forced to lay aside or defer plans, ambitions, and opportunities for duty in the armed forces was acknowledged in legislation providing readjustment benefits. Rehabilitation of the disabled was broadened to include the provision of benefits and services which enable the veteran to achieve maximum physical, vocational, and social restoration. Two laws were enacted by Congress at the height of the war. Public Law 16 made available to disabled veterans rehabilitation training and services. Public Law 346, known as the "GI" Bill, provided for all veterans of World War II education and training, guaranteed loans for homes, farms, and businesses, and unemployment compensation following release from service while seeking employment.

Public Law 550, a comparable GI Bill for veterans of the Korean Conflict, provided many of the same benefits but placed greater responsibility upon the veteran for careful expenditure of his educational benefits. This law demonstrated continued progressive interest on the part of legislative leaders in providing soundly based services to new veterans.

Veteran Population

The estimated number of living veterans reached an all-time high of 22,735,000 on March 31, 1958. On March 31, 1959, it was 22,699,000. Approximately 2 per cent are women. The greatest number of the total veteran population, 15,253,000, were veterans of World War II. Of these, 937,000 also saw service in the Korean Conflict. In addition, there were 4,505,000 veterans of the Korean Conflict who had no previous war service. Veterans of World War I totalled 2,804,000. The remaining 137,000 included veterans of the Spanish-American and Indian Wars and those of the regular establishment of the armed forces receiving VA benefits for disability incurred in peacetime service.

Of all the veterans in civil life on June 30, 1958, approximately one and one-quarter million were 65 years of age or over.

Veterans' Benefits and Services

BENEFITS AND SERVICES PROVIDED BY THE VETERANS ADMINISTRATION

The major programs of the Veterans Administration may be grouped in three categories: (a) medical care and treatment; (b) the conduct of insurance business; and (c) financial assistance to veterans and dependents of deceased veterans.

Medical Care and Treatment

The mission of the VA medical program is to provide medical and domiciliary care to eligible veterans, a research program to improve its methods of diagnosis and treatment, and an education and training program to enhance the professional competence of its staff. In carrying out this mission, the Veterans Administration maintains a system of hospitals, domiciliaries, and clinics to furnish the veteran patient with the highest standard of medical care possible within the framework authorized by law.

The VA medical program is integrated to combine the efforts of the physician, dentist, nurse, pharmacist, laboratory technician, psychologist, dietitian, social worker, rehabilitation specialist, and so forth, into a medical team that provides the eligible patient with complete diagnosis and medical treatment including rehabilitation. This program is carried out in close collaboration with leaders in the medical and related professions and with dean's committees of the nation's leading medical schools.

Significant advances have been made in all of the medical services. The Department of Psychiatry and Neurology, through cooperative research, is contributing to the medical world an evaluation of the use of tranquilizing drugs in treating mental illness. Since their introduction in 1953, the use of the tranquilizing drugs for psychiatric outpatients has increased considerably. Although these drugs are not considered a panacea, patients are made more amenable to psychotherapy, as well as other indicated forms of treatment, and relieved of their more disturbing symptoms. Applied research in the chemo-

therapy of tuberculosis has resulted in marked improvement in the treatment of this disease. A growing number of diagnostic and treatment procedures have been placed in the hands of the medical specialist by modern medical technologists and increased activity in the field of antimicrobials. The Surgical Service of this largest hospital system in the country is able to obtain and collate much valuable information concerning post-operative infections and complications, changing trends and new discoveries in surgical procedures, and an accurate picture of many diseases from the surgeon's point of view.

Since World War II the VA has held a position of leadership in medical rehabilitation which has been of outstanding benefit to the veteran patient and of interest to the medical profession throughout the world.

Hospital Facilities. On July 1, 1958, there were 172 VA hospitals in operation. Most of these hospitals provided care to patients of all types. Categorized in accordance with the medical type of the majority of patients under care, there were 20 tuberculosis hospitals (TB), 40 neuropsychiatric hospitals (NP), and 112 general medical and surgical hospitals (GM&S). In these hospitals the VA has responsibility for providing medical care to veterans with service-connected disabilities and within the limits of existing VA facilities to veterans with non-service-connected disabilities who are in need of and cannot defray the cost of hospitalization.

On February 26, 1959, the Administrator of Veterans Affairs was, by Executive Order, granted authority to realign hospital beds in accordance with the medical care needs of the veteran population within an over-all limit of 125,000 operating beds. This means that beds can be reallocated as the veteran population shifts. Gross needs such as have developed with migration of older veterans to Florida and California can be alleviated to a great extent. Tuberculosis beds can be converted to care for GM&S and mental patients as the need for beds for treatment of this diagnostic group diminishes.

During the year ending June 30, 1958,

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500,000 veterans were discharged following treatment in VA hospitals.

Domiciliary Care. The Veterans Administration provides domiciliary care to veterans who are disabled to the extent that they are unable to earn a living and are without financial resources to defray the expense of such care. The eligible veteran is provided (a) a place to live under conditions which promote health and contentment and (b) rehabilitation measures to prepare him to return to his community, or where this is not possible, to function at maximum capacity within the domiciliary. During 1959 the VA strengthened medical leadership in the domiciliary program and is placing new emphasis on developing the domiciliary as a resource for the aged and chronically ill veteran.

On July 1, 1958, domiciliary care was being provided at 17 VA field stations to an average daily member load of 16,600 veterans. Medical services were available to domiciliary members through hospitals located at 14 of these stations; limited medical treatment is provided by infirmaries in the other three.

Outpatient Medical Care. Veterans are provided medical care by VA outpatient clinics and approved private physicians for disabilities incurred or aggravated in war service. Peacetime veterans are also eligible for outpatient treatment of service-connected disabilities if discharged for disability incurred or aggravated in line of duty, or if in receipt of compensation or entitled to receive compensation except for receipt of retirement pay. Veterans of the Spanish-American War, regardless of service-connection, are eligible for outpatient services. Outpatient medical care is also provided to veterans receiving vocational rehabilitation who require treatment to avoid interruption of training and to pensioners of nations allied with the United States in World War I and World War II (on a reimbursement basis).

Outpatient dental care is provided to (a) veterans whose dental conditions or disabilities are service-connected and compensable in degree; (b) those whose service-connected noncompensable dental conditions or disabilities resulted from combat wounds or service

injuries; (c) former prisoners of war with service-connected noncompensable dental conditions; (d) those whose non-service-connected dental conditions are found to be related to or aggravating a service-connected disability; (e) disabled veterans receiving training under the Vocational Rehabilitation Act who need dental treatment to prevent the interruption of training; and (f) Spanish-American War veterans as needed. Examinations are made in outpatient clinics for purposes of rating for compensation or pension, insurance, and determining need for hospitalization or domiciliary care.

During the fiscal year ending June 30, 1958, more than 2,000,000 veterans received outpatient medical services from the Veterans Administration.

Medical Research. Major health problems of the veteran population provide the stimuli for the medical research program. On June 30, 1958, the VA was engaged in almost 5,900 collaborative and individual research projects. This research not only provides the VA physicians with necessary solutions to the day-to-day problems of medical care, but is of benefit to the nation. Eminent physicians and scientists serve on advisory bodies which guide and assist VA staff in developing and evaluating research activities.

Basic objectives of the research program include (a) to attract and retain the best qualified professional, scientific, and technical staffs in order to improve quality in the medical care program; (b) to continue the development of cooperative relationships, both federal and non-federal, interested in research of importance to the veteran population; and (c) to encourage the dissemination of the knowledge learned within the VA to all others who would profit by their application to the human ills of the nation.

Since the care of the aging veteran is becoming a major VA responsibility, the Veterans Administration is making every effort to solve some of the problems of aging through medical research. Most of the research investigations are directed toward problems which increase in severity or number with advancing age.

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Education and Training for Medical and Allied Professions. The VA, in 1946, instituted a program of education and training to overcome professional deficiencies and to improve the standards of patient care. Association with the nation's medical schools begun at that time has extended to 93 hospitals and 72 medical schools. This program has brought to the medical care of the veteran patient not only the experience and teaching ability of the faculties of the medical schools, but also the scientific curiosity and enthusiasm of the young medical trainees. Simultaneously, affiliate programs with universities and colleges for training in nursing, dietetics, social work, psychology, occupational therapy, and other professions in the field of medical care were being developed. In addition to providing an essential service to veterans, these programs make a tremendous contribution to the trained medical manpower pool of the nation, especially in those areas where such manpower is in critically short supply.

During the fiscal year ending June 30, 1958, the 2,515 medical residents on duty with VA represented 82 per cent of all residency appointments in the federal service, and 11 per cent of all residency appointments in the United States. Occupational therapy trainees in VA represented 58 per cent of all occupational therapy students during the year; physical therapy trainees in VA constituted 55 per cent of all physical therapy graduates; VA stations gave training to 26 per cent of the nation's graduate social work students in the medical and psychiatric fields of practice; and dietetic interns in VA hospitals represented 10 per cent of the total in all hospitals in the United States.

The psychology training program, in cooperation with 54 universities approved for training, continued to serve as a prototype for development of state training programs.

Clinical Social Work. Clinical social work is an integral part of medical services in VA hospitals, clinics, and domiciliary homes. Under medical leadership and in collaboration with other disciplines, the social worker provides casework service to the veteran and his family as indicated by the medical-social

diagnosis and goal. Casework treatment is designed to enable the veteran to deal successfully with personal, social, and environmental problems and interpersonal relationships which affect his ability to recover from illness, to minimize handicaps and re-establish himself in productive, healthy living, or to attain some satisfactions from living within the limitations of severe disability.

The social worker may also provide casework assistance to veterans in relation to other benefits from the VA. For example, disabled veterans in vocational training may require help with social and environmental problems which impede their progress in rehabilitation. Adjudication officials often need a social worker's evaluation of a veteran's social and economic situation in order to make equitable decisions on compensation and pension claims. VA attorneys rely on the social worker for appraisal of social situations and work with social problems detrimental to the welfare of minor wards and incompetent beneficiaries.

Social Work Service provides nationwide field service to veterans and their families. It reaches into the homes and helps to mobilize the community in developing and creating resources needed by the veteran patient.

On June 30, 1958, there were 8,049 psychiatric patients away from the hospital on trial visit, the majority of whom were under Social Work Service supervision. During the calendar year 1958, 1,554 patients were on trial visit in foster home placements under Social Work Service supervision. This number has increased approximately 25 per cent each year since the official inception of the program in 1951.

There are approximately 1,350 clinical social workers employed by the Veterans Administration under federal civil service requirements, 94.6 per cent of whom have full graduate professional training.

Insurance Benefits

The VA administers the insurance programs made available to veterans during their service with the armed forces. For World

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War I veterans, it is United States Government Life Insurance (USGLI), and for World War II and Korean veterans it is National Service Life Insurance (NSLI).

The maximum coverage for any one veteran is \$10,000. The programs are similar in that most of the policies were written as term insurance with provision made for conversion to permanent plans if desired. Ninety-five per cent of the World War I policies are now permanent plan policies with a fixed premium payment. On June 30, 1958, 40 per cent of the National Service policies in force on World War II veterans were also permanent plan types, and legislation had been enacted to permit Korean veterans to convert their present insurance to permanent plan policies. Annual dividends are paid on all USGLI policies and, with some exceptions, on all NSLI policies issued up to the time of the Korean Conflict. Korean veterans were given a lower premium rate and are excluded from participation in annual dividends.

Legislation passed in 1959 enables veterans insured under these programs to purchase disability insurance to the extent of the policy value which pays ten dollars per month for each multiple of \$1,000 in the event of total disability.

The total amount of ordinary VA life insurance held by veterans at the end of the calendar year 1958 was \$43,300,000,000. This was just about equal to the amount of ordinary life insurance in force in the largest insurance company and represented almost 17 per cent of the ordinary life insurance in force by all life insurance companies in the United States.

Financial Assistance to Veterans and Dependents

The VA's Department of Veterans Benefits administers the program providing the financial benefits to which veterans and the dependents of deceased veterans are entitled.

1. *Compensation for service-connected disability and death.* Compensation benefits are paid to veterans for service-incurred disabili-

ties, and to dependents of deceased veterans where the veteran's death cause is attributable to service in the armed forces.

A veteran of wartime or peacetime service is entitled to disability compensation if he has a disability which resulted from disease or injury incurred in or aggravated by active service in the armed forces, providing his discharge was under other than dishonorable conditions. Payments for wartime disability range from \$19.00 to \$225.00, depending on the degree of disability. Additional specific rates are paid for anatomical losses and losses of use, the combination of which may bring the total to \$450.00 per month. In addition, the wartime veteran entitled to maximum compensation due to these losses, when determined to be in need of regular aid and attendance, may be paid a monthly aid and attendance allowance of \$150.00 for periods during which he is not hospitalized at Government expense.

Rates of compensation for disabilities incurred during peacetime are 80 per cent of the wartime rates unless incurred under extra hazardous conditions to which wartime rates are applicable. Veterans receiving compensation for 50 per cent disability receive additional amounts for wives, children, and dependent parents. Payments are authorized for unmarried widows, unmarried children under 18 (as well as certain helpless children and those between 18 and 21 if attending a VA approved school), and dependent parents of service men or veterans who die from or whose death resulted from service-incurred disease or injury.

During the fiscal year ending June 30, 1958, \$156,000,000 was paid to living veterans for service-connected disabilities, and \$461,000,000 to the dependents of 387,000 deceased, service-connected veterans.

2. *Pension for non-service-connected disability and death.* Pensions may be paid to veterans of World War I, World War II, and the Korean Conflict who are permanently and totally disabled if they (a) are credited with 90 days or more of service, unless discharged sooner for service-connected disability, and (b) are discharged under other than dishonorable

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conditions. The 76th Congress changed these benefits from \$66.15 per month, increased to \$78.75 at age 65 or after continuous receipt for ten years, to a scale based on financial need. Under the new law effective July 1, 1960, a payment of \$85 per month will go to a veteran without dependents if his annual income does not exceed \$600. This payment drops to \$70 per month if his annual income is between \$600 and \$1,200. It drops further to \$40 per month for single veterans whose income lies between \$1,200 and \$1,800 and ceases entirely over \$1,800. Veterans with one dependent are similarly scaled: one dependent, \$90 per month with income not over \$1,000; \$75 with income between \$1,000 and \$2,000; and a lowest payment of \$45 per month with income between \$2,000 and \$3,000. Veterans with two dependents will receive \$95 per month and those with three or more dependents will receive \$100 per month if their incomes are under \$1,000 a year but above \$1,000 the payments are the same as for the veteran with one dependent. The present law provides total payment monthly of \$135.45 for those helpless veterans requiring regular aid and attendance when they are not in a VA hospital or domiciliary. The new law will add \$70 a month to their basic pension payment for aid and attendance under the same circumstances.

Service pensions are also provided in varying amounts, based on disability or age, to veterans of the Indian Wars, Civil War, and Spanish American War.

The basic requirements for pension eligibility for widows and children will be changed as of July 1, 1960. Widows and minor children of veterans of World War II and the Korean Conflict will be entitled to pension if the veteran met the service requirements for non-service-connected disability pension. World War I widows have previously had only this simple active duty requirement. Pensions to widows and children granted under the new law will also be on a scale based on financial need.

During the fiscal year ending June 30, 1958, \$733,000,000 was paid in pensions to living veterans for non-service-connected disabilities,

and \$308,000,000 to dependents of deceased veterans who had no service-connected disability.

3. *Vocational rehabilitation.* Public Law 16, 78th Congress, as amended, and Public Law 894, 81st. Congress, as amended, are the two basic laws providing for vocational rehabilitation of disabled veterans. Under these two laws the VA carries out a program of vocational rehabilitation for disabled veterans of World War II and the Korean Conflict, to restore employability lost or limited by service-incurred disability. Each veteran is helped by a trained vocational counselor to select an occupational goal determined medically feasible for his disability. His interests, aptitudes, abilities, previous training, and experience are measured and weighed in the counseling process. He is followed and helped by a training officer through each step in the rehabilitative process toward his occupational objective, culminating with his placement in suitable employment.

Eligible veterans may (a) enroll in schools or colleges, (b) train on a job, (c) take institutional-on-farm training, or (d) enter other programs which combine school and job training. For academic type training the VA assumes responsibility for fees or tuition to approved institutions. The firm accepting the veteran for on-the-job training makes direct payments to him which increase as his training makes him more valuable. While in training, the veteran receives subsistence from VA with added allowances for dependents, but with fixed limitation on the combined income he may receive from VA subsistence and his training sponsor. Length of training is determined by the time necessary to attain the objective. The maximum is four years, but flexible in some exceptional situations.

The basic requirement is that training be completed within nine years of discharge from the military service with certain specific exceptions. The World War II program, in general, came to an end July 25, 1956, but several hundred disabled World War II veterans remained in training and may train up to July 25, 1960; the Korean program will be virtually at an end January 31, 1964, but

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here again under certain conditions an additional four years are allowed, and the program will continue for these exceptional cases until January 31, 1968. On March 31, 1959, 674,000 had been enrolled for training under Public Law 16 and Public Law 894.

4. *Education and training.* Under Public Law 346, as amended, the VA provided the eligible veteran of World War II with a program of education and training permitting him to undertake a course of his own choice in approved colleges, schools below college level, business and industrial establishments, and on farms. In general, this training ended July 25, 1956. Public Law 550, as amended, offered a similar education and training program to the veteran of the Korean Conflict who developed plans for entering training by August 20, 1954, or within three years after release from service, or the end of the basic service period. This program, which will terminate January 31, 1965, places greater responsibility on the veteran by paying him a specific allowance, with additions for his first two dependents. He finances his own training course.

On March 31, 1959, 10,000,000 veterans had been assisted in attaining education or training under Public Law 346 and Public Law 550.

By November 30, 1958, 8,200 veterans had enrolled in institutions of higher learning for training in social work under the combined laws administered by the Veterans Administration.

5. *Educational assistance to war orphans.* In June 1956 the War Orphans Educational Assistance Program, provided by Public Law 634, went into effect. Under this program the children of veterans of World War I, World War II, and the Korean Conflict, whose deaths were service-connected, are given educational assistance, primarily in institutions of higher learning. Eligible young men and women may, however, train in schools below the college level in courses which will fit them for vocational goals. Complete vocational counseling is required of all applicants. In general, age limits are

18 to 23, with 31 the absolute maximum under certain excepted circumstances. Handicapped children may be given special restorative training as early as age 14, and children who have dropped out of school may receive training under this program when they are past the compulsory school attendance age.

On March 31, 1959, 12,500 children of deceased veterans had entered training. During the life of the program it is expected that about 152,000 will become eligible.

6. *Loan program.* Chapter 37, Title 38, United States Code, authorizes the Veterans Administration to guarantee or insure home, farm, and business loans made by private lending institutions to veterans of World War II and the Korean Conflict. For veterans of World War II, eligibility expires July 25, 1960. Veterans of the Korean Conflict have until January 31, 1965 to use their GI loan entitlement. Loans may be made for a variety of purposes, such as to buy or build a home, to conduct a business or farming enterprise, to buy live stock, machinery, tools, and other equipment, and for working capital. Maximum dollar amount or percentage of the loan which may be guaranteed varies with the purpose of the loan. Provisions are made for direct home loans not exceeding \$13,500 by the VA in areas where private capital for GI loans is not available.

As of December 31, 1958, the total of \$5,520,000 loans to veterans had been guaranteed or insured by VA, the face value of which was in excess of \$45,000,000,000.

Veterans as a group have shown themselves to be reliable citizens who pay their debts promptly. So far, nearly one of every four home loans guaranteed has been paid in full and the Veterans Administration has had to pay claims on only a fraction over eight of every one thousand home loans guaranteed. Home loans account for over 94 per cent of all loans guaranteed. The experience on farm and business loans has been excellent, too. More than 73 per cent of the farm loans have been repaid in full and more than 87 per cent of the business loans have been repaid.

7. *Specially adapted housing.* Veterans with

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certain specified service-connected permanent diseases or injuries may attain special assistance from the Veterans Administration in procuring suitable homes. These disabilities must be such as to preclude locomotion without the aid of crutches, braces, canes, or wheel chairs. The VA will advance one-half of the purchase price or cost of converting a dwelling specially designed for the veteran's needs. There is a \$10,000 maximum limitation on any one grant. As of December 31, 1958, a total of 7,188 veterans had been found eligible and approved for grants.

8. *Guardianship service.* Of vital importance to the welfare of veterans and their dependents is the guardianship service offered by the Veterans Administration. This is a legal activity set up to safeguard and supervise the estates of minor and incompetent beneficiaries derived from benefits paid to their guardians or other fiduciaries by the Veterans Administration. The compensation payments made to these fiduciaries are closely watched to prevent their dissipation, loss, or misuse. As of June 30, 1958, there were 371,296 minor and incompetent beneficiaries on whose behalf benefits were being paid. Of this number, 69 per cent were minors, and the remaining 31 per cent were incompetent veterans or other incompetents.

9. *Burial benefits.* The VA will pay up to \$250.00 as reimbursement for the burial expenses of veterans of wartime service and those peacetime veterans with compensable disability or disability incurred in line of duty, or who were discharged for service-connected disability.

BENEFITS ADMINISTERED BY OTHER FEDERAL AGENCIES

The service departments of the armed forces administer certain benefits to veterans and dependents of former service personnel. These include (a) mustering out payments based on length of service; (b) review of discharges not the result of general court martial; (c) correction of service records; and (d) six months' gratuity to dependents of service

men whose deaths occur while on active duty status.

The Department of Labor administers (a) unemployment compensation through the state agency authorized to administer the state program for veterans who meet both state and federal requirements; (b) re-employment or re-instatement in employment; and (c) job-finding assistance, including information, counseling, and placement services.

The U.S. Civil Service Commission administers a program in relation to federal employment which entitles the veteran to additional points in competitive examinations, experience credits for military service, preference on eligibility in employment registers, and preference for retention when there is reduction in force.

Other federal benefits and privileges include (a) farm loan benefits, administered by the Department of Agriculture; (b) homestead preference, handled by the Department of Interior; (c) naturalization preference, administered by the Department of Justice; (d) social security wage credits for military service, determined by the Social Security Administration; (e) burial in national cemeteries, through application to the Superintendent of the National Cemetery; and (f) headstone or grave markers, issued by the Quartermaster General of the Army.

OTHER AGENCIES AND SERVICES

The American Red Cross, under its Congressional Charter, has provided numerous services to veterans and their families since 1917. These include: Claims Service, which represents the veteran in developing and presenting his claim for benefits; Home Service, which furnishes casework services and under certain conditions financial assistance; and Volunteer Service, which contributes to the volunteer programs of VA hospitals and domiciliaries.

Many veterans' organizations are authorized to represent veterans in the preparation and presentation of claims for benefits. In addition, they interest themselves in rehabil-

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itation services, child welfare services, housing, providing employment opportunities, providing or promoting resources to meet specific veterans needs, and volunteer services in VA hospitals and domiciliaries and to the veteran in the community.

Every state has enacted some legislation providing benefits, privileges, and rights to veterans. These vary from state to state but in general include civil service preference, certain tax and license exemption privileges, and bonuses.

Communities provide benefits and services to veterans primarily through resources designed to meet the needs of all citizens. Many federal and state benefits can be fully realized by the veteran only when supplementary community services are brought in and coordinated to complete the whole.

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CLARIBEL H. MONCURE

VOCATIONAL REHABILITATION is the preservation, restoration, or development of work ability for persons who are disabled mentally or physically. A combination of skills and services from a variety of professions are utilized by public and private resources to help disabled persons overcome their handicaps to as great an extent as possible. Advances in medical science, changes in industrial techniques, greater psychological knowledge, newer unusual specialized facilities, and a better climate of public understanding have made it possible to rehabilitate many persons who in the past were considered totally handicapped for employment.

Although the term vocational rehabilitation is generally thought of as applying mainly to preparation of ill or injured persons for the job world, during recent years it has taken on a broader meaning. Now there is concern with restoration of the family homemaker to productivity in caring for home and family, preparation for normal schooling of children handicapped at birth or through later illness or injury, reestablishment of social and occupational interests of the elderly, greater attention to techniques of restoration of physical and mental capacities, and in general increased concern with re-establishing what are now referred to as ADL—activities of daily living.

While the major public responsibility for vocational rehabilitation has since 1920 been centered in a federal-state system of vocational rehabilitation agencies, with the broadened concept of rehabilitation an increasing array of public and voluntary organizations share substantially in rehabilitation services to the handicapped. These now include rehabilitation units of public welfare services, rehabilitation divisions of public hospitals, rehabilitation centers, pre-vocational and vocational

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testing units of medical institutions, and vocational guidance and counseling agencies, as well as sheltered workshops, special placement facilities of public and private employment services, and rehabilitation units of the organizations serving special illness groups.

Prevalence of Disability

It is expected that the National Health Survey now being conducted by the federal government will for the first time in decades provide basic measures of the extent of disability. It is presently estimated that some twenty million persons 14 years of age or over have a major chronic disease or impairment. How many of these persons should be considered eligible for vocational rehabilitation is unknown, but rough estimates based on local and state studies and judgments of experts suggest that two million persons could benefit from rehabilitation services.

The state and territorial public vocational rehabilitation programs receive between 300,000 and 350,000 new cases per year. No figures are available for the additional group served through other facilities, but this number is far smaller than for the state vocational rehabilitation agencies. According to the most recent data available through the federal Office of Vocational Rehabilitation, some 39 per cent of the disabilities rehabilitated with a vocational aim in the past were orthopedic impairments—amputations or crippling conditions. Since estimates indicate that chronic disease accounts for about 88 per cent of all disabling conditions, it is understandable that increasing concern in the development of both public and voluntary rehabilitation programs is for the chronic illness group, both physical and mental. *See MENTAL HEALTH AND MENTAL ILLNESS, and THE PHYSICALLY HANDICAPPED.*

Legislative Developments

Rehabilitation services in this country received major impetus after each World War through Congressional action establishing and strengthening vocational rehabilitation for civilians as well as ex-servicemen.

The Vocational Rehabilitation Act of 1920

established vocational rehabilitation as one of the first federal grant-in-aid programs. Its provisions were incorporated in the Social Security Act in 1935 without change except that periodic Congressional action authorizing appropriations was no longer necessary. Originally conceived as a vocational training program for industrially injured civilians, the chief service in early years was vocational training of persons with orthopedic disabilities.

In 1936 the Randolph-Sheppard Act provided for state licensing of qualified blind persons to operate vending stands in federal buildings. This legislation opened the way for one type of employment for the blind.

In 1943, P.L. 113¹ (Barden-LaFollette Act) broadened the state-federal vocational rehabilitation program to provide physical restoration services, include mental as well as physical disability, and increase federal financial participation in state programs.

In 1954 three significant Congressional acts increased vocational rehabilitation services: the Vocational Rehabilitation Amendments²; amendment of the Hospital Survey and Construction provisions (Hill-Burton Act) to include federal financial participation in construction of comprehensive rehabilitation facilities³; inclusion in the Social Security Act amendments protecting (freezing) benefit rights of insured individuals during disability, of provisions for referral to state vocational rehabilitation agencies for determination of disability and for rehabilitation services.⁴

The Vocational Rehabilitation Amendments of 1954 broadened the existing state-federal program; revised the grant system and authorized increased appropriations; afforded more flexibility for states in administering the program; authorized federal financial participation in establishment of public or non-

¹ Vocation Rehabilitation Act Amendments of July 6, 1943 (Public Law 113, 78th Congress; 57 Stat. 374; 29 U.S.C. 31-31). For fuller information on this Act and earlier legislation *See* "Vocational Rehabilitation" in *Social Work Year Book 1954*.

² Public Law 565, 83rd Congress.

³ Medical Facilities Survey and Construction Act, Public Law 482, 83rd Congress.

⁴ Public Law 761, 83rd Congress.

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profit rehabilitation facilities; provided for cooperation with related public and voluntary programs; authorized grants for training rehabilitation personnel and for research and demonstration projects; amended the Randolph-Sheppard Act to assure preference for licensed blind persons to operate stands on federal properties; provided for a study of programs for homebound persons; and strengthened public employment agency services to handicapped persons.

In 1956, the amendments to the Social Security Act which extended benefits to certain disabled insured persons further emphasized rehabilitation by requiring discontinuance of an individual's benefit if he refuses available rehabilitation services without good cause.

The Basic State-Federal Program

1. *Administration.* All states (including Alaska and Hawaii), the District of Columbia, and Puerto Rico operate programs under plans developed by the state unit and approved by the federal Office of Vocational Rehabilitation.

In most states a bureau or division of vocational rehabilitation functions as a department of the state education services, usually in vocational education. In a few instances the state vocational rehabilitation agency is a separate commission or a unit of some other state agency than education. In 36 states there is also a separate agency for the blind, operated independently of the general rehabilitation agency. The majority of these are units of state public welfare departments.

Each state agency operates as a statewide administrative unit, usually having district or local offices. The primary professional staff is made up of vocational rehabilitation counselors, augmented by consultants in medicine and sometimes in psychology, vocational counseling, or social work. Qualifications for counselors usually stress college work in the psychological or social sciences or education and preferable experience in teaching, vocational counseling, psychology, or employment guidance. This variety of backgrounds emphasizes the need for inservice training and staff development.

Under the Federal Vocational Rehabilitation Act and its amendments in 1954 (Public Law 565) national leadership is vested in the Office of Vocational Rehabilitation of the U.S. Department of Health, Education, and Welfare. The Office of Vocational Rehabilitation is charged with establishing standards, approving state plans, administration of and certification of grants-in-aid and allotments to the states, administration of grants for research, demonstration and training, coordinating public and private programs in behalf of the handicapped, interchange of information and experience between the states, dissemination of information, and representing the United States in international efforts in the field of rehabilitation.

2. *Services to individuals—eligibility.* To be eligible for service a person must have a physical or mental disability that presents a substantial handicap to employment. There must also be a reasonable expectation that vocational rehabilitation services may render him fit to engage in a remunerative occupation.

Acceptance of an individual for service is predicated on a diagnostic study which should include, in addition to medical data, evaluation of the personality, intelligence level, educational aptitudes and interests, personal and social adjustment, employment opportunities, and other data pertinent to developing a rehabilitation plan. The vocational rehabilitation counselor develops this plan, aided by specialized consultants from the rehabilitation bureau or by consultation purchased from outside specialists.

Individual counseling is directed toward aiding the individual in developing the plan and in achieving its success. Counseling is used to help the handicapped person to develop confidence in his ability to become independent and to make use of specific services available for training and other preparation for employment. All data developed for diagnosis or in counseling about the handicapped individual are kept strictly confidential.

In addition to diagnosis and individual counseling, the following services are avail-

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able as needed for the handicapped person's vocational rehabilitation: physical restoration—such medical and related services as may remove or reduce a stable or slowly progressive disability within a reasonable period of time, and including provision of suitable prostheses; training; maintenance and transportation during rehabilitation; placement in an appropriate job; provision of tools, equipment, licenses, initial stocks, and supplies for the operation of small businesses; follow-up to insure satisfactory employment; and other goods and services necessary to render a handicapped person fit for remunerative employment.

The respective states differ in their plans as to the extent economic need is a determinant in eligibility for these services. Diagnosis, counseling placement, and follow-up are furnished without cost. Some states condition training on economic need.

3. *Rehabilitation completed in fiscal year ending June 30, 1958.* The passage of Public Law 565, with its provisions for stimulating growth of state and voluntary programs, sharply increased the number of persons rehabilitated through the state-federal program. From 57,981 persons reported as rehabilitated by state vocational rehabilitation agencies in 1955, the figure rose to 74,317 in 1958.

About 38 per cent of those rehabilitated had orthopedic impairments, amputations, or other crippling conditions. Three-fifths of these were injured in accidents, and about one-fifth were handicapped by poliomyelitis, osteomyelitis, or arthritis. Visual impairments accounted for 11 per cent of the total, mental or nervous system for 10 per cent, followed in decreasing order by tuberculosis, aural, and cardiac disorders. Nearly two-thirds of those rehabilitated were male. The average age at the start of rehabilitation was 36, though the average age at time of disablement was 27. Modern rehabilitation experts stress the necessity of beginning service as close to onset of disability as possible; much effort by state agencies goes into work with referring hospitals and sanatoria to this effect.

The largest sources of referral of handicapped persons to the public rehabilitation

agencies were physicians, health agencies, and hospitals, accounting for 33 per cent of all referred. Another 14 per cent came from public welfare agencies, and 7 per cent from state employment service offices. About 12 per cent applied for services on their own initiative.

Nearly all types of work are represented among the occupations in which rehabilitated individuals were placed. The largest group, 26 per cent, went into skilled or semi-skilled jobs. Seventeen per cent were in clerical and sales; 19 per cent were service workers; 13 per cent, family workers and housewives; 9 per cent, semi-professional and managerial; 9 per cent, agricultural; 7 per cent, unskilled.

4. *Economic value.* Proof of the value of vocational rehabilitation is often given in economic terms. The return of unemployed handicapped persons to self-sufficiency and financial independence can be measured in increase in productive capacity, increase in purchasing power, and decrease in public welfare costs. Of the 74,317 handicapped persons rehabilitated through the state-federal system during 1958, 53,700 were unemployed when their rehabilitation began. Those who were working when accepted for service were earning at the rate of \$23.3 million a year and were generally employed in unsafe, unsuitable, or part-time work. In the first full year of employment for the entire rehabilitated group, estimated earnings were \$144.2 million.

In addition to increased earnings, savings of \$13 million per year can be expected in public assistance costs for the 15,000 persons who were receiving public welfare. The estimated total cost of rehabilitation for these 15,000 individuals was less than one year of public assistance expenditures for them. It is further estimated that for every federal dollar spent in their rehabilitation, the rehabilitated employed person pays \$10 in federal income taxes each year for the remainder of his working life.

5. *Financing.* The federal government shares with the states the cost of the basic program. Grants for this purpose are com-

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puted on the basis of population weighted by per capita income. Matching is based on fiscal ability of the states, and provides for minimum and maximum allotments. The lowest ratio of federal reimbursement for any state by law is set at not less than 33⅓ per cent and the highest at 75 per cent.

The total of federal expenditures for vocational rehabilitation in 1958 was over \$50 million. State and other public and private nonprofit groups matched this sum in the amount of over \$24 million. The bulk of these expenditures were for support of the basic program: about \$41,083,000 in federal and about \$24,975,000 in state funds. In accord with the provisions of Public Law 565, grants were also made available for extension and improvements of state rehabilitation services (\$1.1 million federal, \$365,000 state, in 1958); research and demonstration projects (\$3.6 million federal); and for training (\$4.4 million federal).

6. *Extension and improvement of the state-federal program.* Public Law 565 provided grants for projects designed to extend or improve vocational rehabilitation services in the various states. A number of state agencies have taken advantage of these sums, allotted on the basis of population, with a minimum annual allotment of \$5,000 up to 75 per cent for three years for any one project. Increased services have thus been provided to disabled public assistance recipients, the mentally retarded, epileptics, cerebral palsy victims, and more particularly in the past two years to the mentally ill.

7. *Expansion projects.* Federal funds were provided through 1957 for assisting states and private nonprofit organizations to expand rehabilitation programs. Most of these grants were through the states to voluntary agencies, special health services, rehabilitation centers, sheltered workshops, and hospital programs. One significant effect of the expansion program has been to develop closer working relationships between the public services and the specialized voluntary agencies.

8. *Research and demonstration.* Under a

stipulation that projects be designed to hold substantial promise of contributing to the solution of vocational rehabilitation problems common to several or to all of the states, Public Law 565 provided for grants for their support. In making the grants, the Office of Vocational Rehabilitation has the counsel and advice of a National Advisory Council on Vocational Rehabilitation consisting of twelve persons appointed by the Secretary of Health, Education, and Welfare.

During 1957 a total of 95 projects in research or demonstration were approved or continued with federal awards totaling nearly \$2 million. The range of problems studied is wide and has covered many aspects of the problems of disability, including approaches to rehabilitation of the mentally ill, economic adjustment of patients discharged from hospitals, sheltered work services to the epileptic and cerebral palsied, psychological adjustments of the handicapped to work, problems of job placement and hiring of the handicapped, and improving rehabilitation program administration.

9. *Training professional personnel.* To enlarge the supply of persons qualified to work in the various professional fields serving in rehabilitation of the handicapped, the federal rehabilitation law makes funds available to educational institutions and traineeships available to students. During 1957 grants totaling over \$3 million were made to 112 colleges and universities to assist them in expanding or strengthening their instructional resources in the fields of medicine, nursing, occupational therapy, physical therapy, social work, rehabilitation counseling, prosthetics education, and other fields closely concerned with rehabilitation. These educational institutions also received traineeship grants for scholarship assistance to about 650 full time students in the rehabilitation fields.

During 1958, 30 schools of social work received educational grants from the Office of Vocational Rehabilitation as well as traineeships for 127 graduate social work students. In each educational field an advisory council

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of representatives of the professions advises the Office of Vocational Rehabilitation in review of applications for grants.

Rehabilitation Facilities

Professional centers for the rehabilitation of the handicapped have existed in this country since before the turn of century. Starting as centers for the treatment of the crippled and disabled or to meet the needs of specific illness groups, these agencies gradually evolved the concepts and approaches basic to modern day rehabilitation. The developments following both World Wars, most particularly World War II, spread techniques and services initiated for the military and for veterans to the civilian population. A tremendous spurt in expansion of the existing programs and establishment of new ones has come with the impetus of the 1954 amendments of the Vocational Rehabilitation Act.

There are two major kinds of rehabilitation facilities, though both are frequently found in combination. These are the rehabilitation center and the sheltered workshop.

Rehabilitation centers. These facilities may be adjuncts to a medical treatment institution or operate as an independent institution in the community. Services among rehabilitation centers vary greatly. Some cover a wide array of disabilities, others specialize in one or a group. Some are concerned to a greater extent with physical restoration, others are more concerned with vocational rehabilitation.

The Medical Facilities Survey and Construction Act of 1954 made federal grants available through the Public Health Service for the construction of rehabilitation centers. Public Law 565 also assisted in this development.

Sheltered workshops. Aside from sheltered workshops for the blind and a few shops assisting the socially and physically handicapped through repair and sale of second-hand goods, few sheltered workshops existed in this country before World War II. The development of rehabilitation services during the past two decades has brought a tremen-

dous increase in the number of sheltered workshops in a number of communities.

The sheltered workshop is a nonprofit business establishment operated to provide a transitional or diagnostic work experience for the handicapped toward their return to the normal workaday world, or providing continuing or recurrent employment for those who cannot return to the regular employment market. Many times the sheltered workshop is conducted in cooperation with or as part of a rehabilitation center.

National associations exist for both rehabilitation centers and sheltered workshops. Assisted by the federal Office of Vocational Rehabilitation, the Conference of Rehabilitation Centers and the National Association of Sheltered Workshops and Homebound Programs are both engaged in developing standards for their fields.

Team approach. A major characteristic of modern rehabilitation, and most highly developed in the rehabilitation centers and sheltered workshops, is the use of interdisciplinary teamwork in diagnosis, planning, and the provision of service. This concept is further expanded in the rehabilitation field to provide close working together of many specialists from different settings on behalf of the handicapped client. The responsibility for integrating these services for the client becomes an important task of the rehabilitation counselor or the social worker.

Social Security and Rehabilitation

Extension of the availability of rehabilitation to many more individuals has come with the 1956 amendments to the Social Security Act authorizing payment of cash benefits to disabled workers who are 50 years of age or more, and to disabled and dependent children of retired or deceased workers entitled to old-age benefits. These amendments require that persons to receive these benefits be so disabled that they cannot engage in substantial gainful employment. State rehabilitation agencies make determinations of disability and assess the applicants' capacities for

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rehabilitation. During 1957, the state agencies made nearly 155,000 disability determinations and accepted almost 19,000 of these persons for further consideration for rehabilitation services.

Employment of the Handicapped

A close cooperation exists between the federal Office of Vocational Rehabilitation and the President's Committee on Employment of the Physically Handicapped to widen employment opportunities for the disabled. The President's Committee has been instrumental in interesting private industry in opening training and employment for the handicapped in a number of large industries and in stimulating preferential treatment for the handicapped in certain occupations where disablement is not a handicap. Several of the states have a parallel Governor's Committee on employment of the handicapped, which cooperates with the state vocational rehabilitation agency and the agency for the blind as well as with the state employment service.

International Activities

World-wide interest in rehabilitation has called for constant cooperation between the federal Office of Vocational Rehabilitation and the United Nations and its specialized agencies, the International Cooperation Administration of the Department of State, other federal departments, educational institutions, and rehabilitation facilities. An increasing number of trainees and visitors from other countries come to the United States for training in rehabilitation activities. During 1957, more than 160 persons from 50 countries came for long-term training or short-term observation.

In response to requests from abroad, technical assistance or demonstration projects were provided for 17 countries in 1957. In addition, recruitment efforts were carried on in the United States to find rehabilitation specialists for other parts of the world. During 1957, Brazil, Indonesia, Mexico, and France asked for such assistance.

The federal Office of Vocational Rehabilitation, as a member of the government's

Interdepartmental Committee on International Social Policy, has been active in support of the Social Commission of the Economic and Social Council of the United Nations. The federal Office, as well as the voluntary rehabilitation facilities, are active in support of the rehabilitation programs of such international organizations as the World Veterans Organization, the International Society for the Welfare of Cripples, the International Society Against Tuberculosis, the World Mental Health Association, and others.

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BERTRAM J. BLACK

YOUTH SERVICES. Children and teenagers enjoy meeting in friendship groups for fun, fellowship, and experience in group living. Making it possible for them to do these things under responsible leadership and in satisfactory facilities is the job of governmental and voluntary agencies known generally as youth-serving agencies. Those under governmental operation, primarily municipal departments of parks and recreation, local boards of education, and the U.S. Department of Agriculture's Extension Service, are financed through taxes. Voluntary agencies function under citizen boards of directors and receive the bulk of their funds through united funds or community chests. The best known of these are Boys' Clubs, Boy Scouts, Camp Fire Girls, Girl Scouts, the Catholic Youth Organization, Jewish Community Centers, settlement houses and neighborhood centers, Young Men's Christian Associations, Young Women's Christian Associations, and Young Men's and Young Women's Hebrew Associations.

Program activities in both governmental and voluntary agencies include games and sports, arts and crafts, music and drama, social activities, camping, and work with the handicapped and with the "hard-to-reach." Certain large-scale program facilities open to the general public usually are provided by the governmental agencies—facilities such as parks, playgrounds, outdoor swimming pools, and athletic fields. See RECREATION. Work

with a membership, with small, self-governing groups, with emphasis on neighborhood development and on the personal and social development of the individual member, is found among voluntary agencies.

The basic difference between governmental and voluntary youth services is that of purpose. Fun and the constructive use of leisure time is the aim of the former, although collateral benefits are recognized such as self-expression, better mental and physical health, and development of creativity. In the voluntary agencies the primary intent is twofold: to develop, through leadership and program, certain ideals and values; and to contribute to the members' personality and social development so that they may become mature and well adjusted. See SOCIAL GROUP WORK.

Another difference between governmental and voluntary agencies is that a number of the latter have religious or cultural motivation. Chief of these are the Young Men's Christian Association, the Young Women's Christian Association, the National Jewish Welfare Board, and the Catholic Youth Organization.

Extension of Youth Services

An extension of youth services is occurring to meet the growth in population and the movement of families to the suburbs, as well as to serve special groups such as "hard-to-reach" boys and girls, youth groups in conflict with each other and the law, and youngsters who are hospitalized, institutionalized, or are otherwise physically, mentally, or emotionally handicapped.

The distance of most urban youth-serving agencies from the newer residential areas, the difficulties of transportation, the desire of residents of suburban communities that their children make friends, the willingness and ability of parents to offer their services as volunteers, and the need of community chests and united funds to provide services to the suburbanites among whom contributions are solicited, all explain the surge of youth services to the suburbs. The National Social Welfare Assembly reports that voluntary agencies which have experience with extension of services to suburbs

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agree that requirements include a very capable staff, which usually necessitates special arrangements for training; a sound finance plan and an understanding budget committee; a board of directors which supports the new service; and clear purpose and flexible structure, program, and methods of work.

Program emphases found to be important in suburban communities include: intergroup activities to aid people of homogeneous groups to learn to get along with people of different socio-economic and ethnic backgrounds; opportunities for community leadership education; creative and recreational activities; and program to enlarge the vision of people served.

In some communities there has been a rapid growth of suburban recreation departments with a wide variety of content—some on a free basis but much of it relatively self-supporting through fees.

The “hard-to-reach” and the youth groups in conflict are not necessarily the same people. The former are generally law-abiding youth who shun the organized activities and the constant adult supervision found in youth agencies. Youth groups in conflict, however, have caused public bodies, local community health and welfare planning councils, and voluntary youth-serving agencies — notably settlement houses and boys’ clubs—more and more to assign “gang” workers to serve them. These workers go to where the gangs spend their leisure time and associate with them. Through gaining their confidence, the workers seek to reach the following goals, as outlined in *Youth Groups in Conflict*, a United States Children’s Bureau report (*infra*):

Short-range goals for the youth groups: (a) to reduce the severity and frequency of such offenses as gang warfare, murder, theft; (b) to redirect behavior into more socialized channels; (c) to develop relationships with persons and institutions that will support the principle that individuals have an inherent healthy desire for status and prestige in society; (d) to help adolescents make use of community resources that are available to them.

Short-range goals for the community: (a) to create productive, satisfactory communication channels between youth and the adult community; (b) to locate conflict-producing elements in community life; (c) to secure cooperation in alleviating these situations; (d) to locate gaps in service; (e) to launch planning that will lead to filling these gaps.

Long-range goals for the youth groups: (a) to help youth to develop trust in adults and the major culture; (b) to help them understand the consequences of their anti-social acts and promote a desire to become a part of society.

Long-range goals for the community: (a) to work out strategy for attacking community situations that produce delinquent behavior; (b) to create opportunities for youth to assume progressively more significant roles in society. See JUVENILE DELINQUENCY.

There is considerable interest in services for handicapped youth—both integrated with regular programs and separate where necessary. The hospitalized, institutionalized, and handicapped are receiving more and more youth services, including group leadership by trained caseworkers and group workers, as well as the customary programs of recreation and occupational therapy.

Youth services are found in the homes of physically handicapped children, in schools for the deaf, and in schools for cerebral palsied youngsters. Special swimming classes in agency and park swimming pools are provided for crippled children. Groups of crippled, diabetic, deaf, blind, and mentally retarded children go camping. Recreation programs for retarded children are sponsored by municipal recreation departments in cooperation with associations for the mentally retarded.

Delinquent youth are understood and helped through youth services. One state’s training school program has organized forestry camps for youngsters released from institutions; efforts are being made to staff these camps with competent group workers and with people trained in camp work.

A group worker assigned to do therapeutic

group work with a group of delinquent boys has observed: "There is nothing dramatic about the group work method. Help in release and control of feelings, in adjustment to oneself and to others, in understanding values, in learning to give and accept trust, and in making one's own decisions and carrying them out—such help takes effect slowly, in small doses, more through day-to-day living than through much verbal expression."¹

New Program Approaches

Changing needs and interests of youth demand new program approaches. The number of youth seeking parttime and summer jobs or full-time work exceeds the opportunities in many communities. In several communities, therefore, leisure-time youth organizations, schools, state employment agencies, and employers have combined to offer the following programs: increased counseling service in schools; conferences on career opportunities and educational requirements for the careers; opportunities for volunteer service to test interest and aptitude for the careers; training seminars and conferences in regard to the self-discipline and attitudes toward work; efforts to open more job opportunities; and, in some instances, special placement services in the school or state employment agency.

Programs of international education have increased. Organizations have reported to the National Social Welfare Assembly varied projects with an international educational objective: (a) study about people in other countries, using films, stories, exhibit materials, dances, music, games, and foods; (b) utilizing the help of students or visitors from other countries to learn about their lands; (c) service projects to aid people in other countries, such as sending clothing, medical supplies, or school supplies; (d) projects to tell other people about American people, such as the photographic stories of home communities and an exhibit of 100 American dolls, both prepared by the Camp Fire Girls, or the school art exhibit sent abroad annually by the American Junior Red Cross; (e) proj-

ects to bring youth from several countries together around a common interest such as the Girl Scout Arts Festival in which Girl Scouts from seven countries joined; (f) international educational exchange of students, leaders, and specialists under the auspices of governmental and voluntary agencies; (g) international assemblies of organizations such as Boy Scout World Jubilee Jamboree in England, and Young Christian Workers in Nigeria; and (h) many thousands of American youth who travel abroad alone or in groups for year-round university study or for seminars, study groups, work camps, international gatherings, and so on during summer vacations.

Integration is a concern of many leisure-time agencies. It is reported that a large number of members of the agencies are becoming personally concerned and are investing time in efforts to improve intergroup relations. Examples of education-recreation programs relating to integration include: group education, using both factual data and experiences to increase acquaintance and understanding of people of other ethnic groups; efforts to bring the practice of integration in staff, volunteer leadership, and membership in line with professed principles; and community cooperation with other social welfare and civic groups to improve opportunities for minority groups and to work toward the elimination of prejudice and discrimination.

Health and physical fitness are being re-emphasized. Camping has been widely extended; this is true for year-round camps, week-end camps, summer resident camps, family camps, day camps, work camps, and camps with a specialized program such as music or dance. *See CAMPING.*

Family memberships and recreation are receiving increased attention in education-recreation agencies. Many building-centered agencies arrange family nights when families can come together to engage in activities arranged for different age groups. Parent-youth conferences to discuss problems of mutual concern are held by several agencies.

Special programs to aid migrant families and to involve their children in education

¹ See Konopka, *Therapeutic Group Work with Children*, (*infra*).

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and recreation activities have been developed by various agencies individually and cooperatively.

To learn from young people themselves what they thought of youth in community affairs, the National Social Welfare Assembly in 1958 brought together 60 teen-agers for a consultation on this subject. Each youth was sponsored by an organization in which he or she was active. Representing all sections of the United States, both small and large communities, and the country's major religious, cultural, and ethnic groups, they reflected many of the different characteristics of the American people. The youth agreed that only 10 to 15 per cent of their age group are interested in community affairs; another 75 per cent could be interested but "they need a little push." Young Men's Christian Associations, Young Women's Christian Associations, settlement houses, and Jewish Community Centers emphasize community affairs programs.

National Round-ups, conducted by Boy Scouts and Girl Scouts, bring youth together from many areas and foster intersectional understanding. The U.S. Department of Agriculture reports an increasing demand for 4-H Clubs from suburban and urban areas. Recent special studies by the Boy Scouts, Girl Scouts, and Camp Fire Girls have resulted in somewhat altered programs. A major research study currently is being conducted by the Boy Scouts of America.

Organization, Leadership, and Personnel

If children and young people are to be understood better, it follows that those who guide and counsel them must be well trained and that their organizations must function effectively. Aroused public interest in youth, together with continuing self-examination by youth agencies, are continuing to achieve better leadership and more effective operations. The demand for workers with professional education to fill key administrative, supervisory, and program positions in agencies has far surpassed the number of school graduates. The demand of municipal recreation departments for trained workers is said to exceed

the supply five to one. Salaries in both public and private agencies have risen.

Requirements for professional leadership vary among youth-serving agencies. Settlement houses and Jewish Community Centers tend more than the others to engage professionally trained social group workers. One group work secretary of a health and welfare council observes, "We see the reflection of a tendency to develop agency-oriented training on a national or regional basis in relation to each type of agency; many agencies consider such training more important than the basic professional training (culminating in a master's degree in social work)." The shortage of professionally trained social group workers is not a new situation but it is increased by the creation of many new group work and recreation positions in hospitals, churches, children's institutions, programs for the aging, year-round camping, and other outdoor activities. It is being dealt with by various methods such as: use of more paid aides under the supervision of professional personnel, use of volunteers such as the aging and older teen-agers, new agency training programs for both staff and volunteer leaders, and experiments in new ways of work to utilize to better advantage the leadership that is available.

In all private youth-serving agencies volunteers play a major part. As members of boards of directors they carry responsibility for establishing policy. In addition, volunteers traditionally have led groups in most types of private agencies and in many public agencies. Recruited directly by the agencies or through volunteer bureaus of community welfare councils, these volunteers bring to their task civic-mindedness, skills, intelligence, and an interest in youth. When aided and supervised by trained professional staff, they render a real service and gain many satisfactions. Establishing training programs and volunteer opportunities for teen-age youth and older retired people has been found by several agencies to be a helpful way of increasing volunteer service. In one city a school-agency program to recruit, train, and place teen-age volunteers now involves over

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900 youth in community services. More teenagers are reported to be wanting something to do that makes life count. Serving as hospital and clinic aides is one of the most popular volunteer activities among youth. Service in day care centers and group work agencies, and giving office assistance in various community campaigns, are other examples of youth service. American Junior Red Cross members have initiated a program conducted by schools in which students are given training and program materials to enable them to visit home-bound and hospitalized children to bring news of school activities and to play with them or entertain them. *See CITIZEN AND VOLUNTEER PARTICIPATION IN SOCIAL WELFARE.*

Facilities, Financing, Membership

Facilities for leisure-time services in many communities are inadequate. It is agreed that people need a building to which they can go for their leisure activities. Communities which are too small to acquire and maintain a center have used homes, churches, schools, or other municipal facilities.

Groups of communities or of agencies within easy commuting distance have joined in building new recreation centers for their common use, thereby broadening the financial resources for establishing and maintaining the center. Centers which are established have been used and maintained jointly by two or more agencies. There is a large demand for buildings which are convertible to multiple uses, and for portable equipment.

Financing of informal education-recreation services, which had been increasing during the past decade, has become more static in the past two years. While public recreation agencies report many new communities which have initiated tax-supported recreation, voluntary agencies report a trend toward the allocation of less money from united funds and community chests for leisure-time services. With the voluntary agencies participating in joint fund-raising campaigns, the trend is toward charging fees for services, especially in suburban communities composed of middle to upper income families. Where fees are the

practice, either of two plans is prevalent: families are expected to pay entire costs, or families pay program costs and community funds pay leadership costs. Private foundations are an increasing source of funds for special projects though, so far, very few have contributed toward regular basic costs of agency-sponsored programs. Recreation services provided by the state to local communities are reported to be considerably increased in the past two years.

Membership in education-recreation organizations is increasing in the under-ten age group and among the aging. Some increase in the teen-age membership is reported. The proportion of the young adult population (18-25 years of age) having organization membership remains smaller than that of other age groups.

Churches and Schools

Churches and schools are more interested than in the past in offering youth-service programs themselves or in making their facilities available to other organizations for that purpose. Church-sponsored youth services are seen not only as being valuable *per se* but also as tending to identify youth more closely with their churches. In some cities churches operate programs on as large a scale as do voluntary youth agencies; many have excellent facilities and several have employed full-time personnel trained in church social work. Church-sponsored camping represents one of the major increases in the field of camping in the past few years.

Public schools tend increasingly to recognize that school buildings are logical centers for youth services. This is true particularly in the growing suburbs where the community-type school that is now coming into prominence is a multiple-use facility having a separate wing and adjoining grounds suitable for easily supervised after-hours activity.

Youth Councils

Opportunity for youth to take a hand in understanding and meeting their own problems is given in some cities through the formation of youth councils. The member-

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ship of these councils usually consists of youthful delegates named by various agencies, churches, schools, and other organizations. Sometimes there are adult advisory committees accompanying them.

One well-known youth council, sponsored by the local health and welfare council, states five aims as follows: to foster cooperation among all youth groups in the city; to interest unaffiliated youth in constructive activities; to build leadership in the youth of today as the adult of tomorrow, and to provide an opportunity for youth to give its point of view through youth representation on various boards in the community; to serve the community and undertake citywide projects when the need arises; and to assist member organizations in carrying out and publicizing their individual projects.

Youth Boards and Commissions

Municipal youth commissions are growing in number. They are divided, however, on whether they should put their efforts into direct services to youth or concentrate on community organization, planning, research, and legislation. In addition, a dozen states have statutory state agencies interested in youth services as part of a total program of combating juvenile delinquency; six states have a separate agency which operates state facilities and programs for the diagnosis, care, and treatment of juvenile delinquents; while six others and the District of Columbia have statutory youth commissions or councils which study, plan, consult, advise, and try to coordinate pertinent resources to reduce juvenile delinquency. (Further information on this development may be obtained from the U.S. Children's Bureau.)

Community Planning

Many questions challenge youth-serving agencies and the communities which support them. How are the real needs of youth to be determined? What type of program will prove attractive? What kind of professional staff training will achieve most effective results? What cooperation and planning with other organizations interested in youth can

result in the greatest coordination of resources? What kinds of services should be provided by public agencies in any given community, and what kinds by private organizations?

Local and national agencies, community welfare councils, city planning departments, and others are seeking answers to these questions through (a) studies by individual local agencies themselves or in cooperation with national agencies of the need for and effectiveness of their service; (b) studies by two or more agencies in a particular geographic district made to avoid duplication of service and competition for funds, facilities, and the time of volunteers; or (c) studies of the needs and services in a whole community, made by groups of experts recruited for the purpose or by local citizens' groups with experts as consultants. Statements of principles and standards for recommendation to agencies are frequently formulated, as are priorities for determining relative needs for health, welfare, and youth services in a given community at a given time.

The need for community planning for youth services has never been greater. The suburbanites demand programs; the inner-city dwellers continue to need it; the youth in conflict and gangs require it as one approach to their social rehabilitation. At the same time, growth of governmental programs is slow, even if sure, while voluntary funds, notably from community chests and united funds, become increasingly tight as costs go up and voluntary funds become more difficult to raise. Several communities have been trying to develop workable plans for establishing priorities for youth services; none has perfected such a plan.

AGENCIES AND THEIR AVAILABLE SERVICES

The agencies discussed here are also listed and described in the Directories of Agencies section of this volume.

American Junior Red Cross. This is the junior membership of the American National Red Cross. It consists of boys and girls who enroll within their schools as members and who engage in Red Cross activities not only in

the school but in the community, the nation, and the world. Membership is open to all boys and girls in public, private, and parochial schools operating within the boundaries of a Red Cross chapter or under American military or civic jurisdiction in other countries. The objectives of good health, intelligent citizenship, international understanding, and appreciation of the ideals of service are developed through a wide range of school and community activities directed by the Junior Red Cross chairman and committee of the Red Cross chapter. In the school, the principal appoints a Junior Red Cross teacher-sponsor who enrolls members, interprets the program to the teachers and students, and coordinates activities.

Boy Scouts of America. As of December 31, 1958, there were 4,950,885 individual members in 124,549 units. Membership is open to all boys and to men who are citizens or have first papers. The purpose of Scouting is to promote character building and citizenship training by activities under trained volunteer leadership adapted to each of the following age groups: Cub Scouting, a home-centered program for boys 8 through 10 years of age inclusive; Boy Scouting, a vigorous outdoor program for boys 11 years of age and older; Exploring, with activities adapted to boys 14 years of age and older or in the ninth grade. Essential elements in all programs are the ideals of the Scout Oath and Law and service to others.

Boys' Clubs of America. In 1959 there were 522 Boys' Clubs with over 500,000 boy members. Clubs must meet minimum standards for membership. A Boys' Club is a guidance and character building organization using group work, recreational, health, and informal education activities. The National organization, Boys' Clubs of America, aims to promote the establishment of Boys' Clubs and to provide program planning, personnel training and placement, building planning and maintenance, publications, publicity, and finance service for its member units. The organization plans institutes and conferences for the discussion of policies, activities and methods.

Camp Fire Girls. The more than half-million members of this organization are organized in over 400 local units across the country. While primarily a home-centered program, the program is also widely sponsored by schools and PTA's, Protestant and Catholic churches, and several Jewish organizations. Activities are geared to meet the needs of three age groupings. The Blue Bird program for girls of seven (or in the second grade), eight, and nine years is an informal one, helping the girls grow through a variety of creative activities and constructive relationships. The Camp Fire Girls program for girls of ten years (or fifth grade) to high school, while helping the girl to be a cooperative group member, emphasizes individual achievement and growth through a variety of non-competitive activities related to home, outdoors, creative arts, sports and games, frontiers of science, business, and citizenship. In Horizon Club, girls from the ninth grade through high school participate in a program emphasizing development of a well-rounded personality, wholesome and happy relationships with others—boys and girls—indoors and out, vocational exploration, and community service.

Catholic Youth Programs. The Youth Department of the National Catholic Welfare Conference provides the framework for the coordination of all Catholic youth work. It has three major objectives: (a) to provide for an exchange of information about the philosophy, organization, program content, and methods of Catholic youth work; (b) to be in contact with and to evaluate other national youth organizations and youth-serving agencies; and (c) to promote the National Council of Catholic Youth with which diocesan youth councils voluntarily associate themselves. The program promoted in the local parish groups includes religious work, social and economic studies, citizenship emphases, recreational activities, and leadership training. Similar emphases are stressed in two national student groups, the National Newman Club Federation and the National Federation of Catholic College Students. A new emphasis in all Catholic Youth Groups has developed

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around a program of action, the major concerns of which center about problems of employment, health, recreation, and the guidance of young workers. See CATHOLIC SOCIAL SERVICES.

4-H Clubs. The 4-H Clubs of the Federal Extension Service provide an educational learn-by-doing program for youth. The program started in the early 1900's, and has been supported cooperatively since 1914 by the Extension Service in the United States Department of Agriculture and, state land-grant colleges and universities. It is active in more than 3,000 counties. The boys and girls from 10 to 21 years of age carry on a program of real-life education, engaging in a wide variety of agriculture, home economics, community service, and other projects. Besides the specific skills taught, group experience provides a chance for developing democratic attitudes and leadership qualities, and for furthering cooperative group enterprises aimed at community betterment. The total membership in 1958 was nearly 2,254,000. In addition, about 281,000 adults served as volunteer leaders and about 101,000 older boys and girls assisted as junior leaders.

Girl Scouts of America. Established in this country in 1912, this organization's girl members, together with their adult leaders, now constitute a group of 3,295,000 persons, of whom 765,000 are adults. Girl Scouting is designed to provide girls with groups of their own where, under the guidance of sympathetic adults, they can broaden their interests, develop new skills, explore the out-of-doors, learn democratic attitudes and procedures, and practice living in accordance with an ethical code which is expressed in the Promise and Laws of Girl Scouting. Nonsectarian and nonpolitical, the organization is open to all girls 7 through 17 years old and to adults 18 years of age and over, who are willing to subscribe to the ethical principles of Girl Scouting and to pay membership dues of \$1.00 a year. The program for girls is divided into three age groups: Brownie Scouts, 7 through 9 years old, Intermediate Girl Scouts, 10 through 13, and Senior Girl Scouts, 14 through 17. Each age

group wears appropriate uniforms; adults also wear uniforms for Girl Scout functions. The trefoil symbol of Girl Scouting, which symbolizes the three parts of the Promise, appears in some form throughout the worldwide Girl Scout-Girl Guide movement. Program activities for girls are grouped under four major headings; the home, the arts, citizenship, and the out-of-doors. These areas of interest are divided respectively into 11 program fields: Agriculture, Health and Safety, Homemaking, Arts and Crafts, Literature and Dramatics, Music and Dancing, Community Life, International Friendship, Nature, Out-of-Doors, and Sports and Games. Throughout the program, emphasis is placed on bringing together girls of differing backgrounds, on learning to accept differences, on respecting the varied beliefs and practices of their neighbors. Special efforts are made to enroll in Scouting girls with handicaps, girls of minority groups, children of migrant families, and girls in institutions of various kinds. Essential to the program is camping and out-door experience. The Girl Scouts believe that the out-of-doors furnishes the background most favorable for the development of democratic attitudes, resourcefulness, self-reliance, cooperation, and good health. The Girl Scout international friendship program, like its community service program, permeates most aspects of the series of activities offered to girls.

Jewish Youth Programs. The National Jewish Welfare Board has helped to build the Jewish Community Center and Young Men's and Young Women's Hebrew Association movement as a vital force in the American Jewish life. In relation to its total program, in which the Jewish Community Center and the Young Men's and Young Women's Hebrew Association seeks to develop and enrich human personality and group association, Jewish content is deemed fundamental; and while participation is open to all inhabitants of the community, it is expected that the Center will fulfill its Jewish purpose. Functions are seen as: service as an agency of Jewish identification; service as a common meeting ground of all Jews; service as an agency of personality development;

furtherance of the democratic way of life; and assistance in the integration of the individual Jew and the Jewish group into the total American community. Approximately half a million young people participate in a flexible program of recreation and informal education. Activities are developed through multiple-interest clubs. Special interest groups in the creative arts, health and physical education programs, day and resident camping, forums, and discussion groups are available. Mass activities of a social, physical educational, and cultural nature are conducted. There is an expressed belief in the Jewish Community Center and the Young Men's and Young Women's Hebrew Association field that its functions are best carried out by effective use of the social group work method, and that professional leadership should have training to understand and meet the interests and needs of the Jewish individual, Jewish groups, and the Jewish community. While social work is the core profession in Centers and Y's, other professions utilized include the early childhood educator, physical educator, and adult educator. Youth from Centers and Y's meet in regional and national conferences for discussion of common concerns and national and world interests. See JEWISH SOCIAL SERVICES.

National Federation of Settlements and Neighborhood Centers. The settlement movement sprang up in the 1880's from concern over dreadful social conditions. The earliest settlements battled for better health laws, safer housing, improved working conditions, and similar advances. Today, settlements and neighborhood centers still seek to help their neighbors develop the qualities that make for a good life on a neighborhood basis; these are the ability and desire of people to understand and like one another and to work together to meet their common needs and attain their personal and social aspirations. They place a major emphasis on work with young people.

Agencies of the settlement type can be identified by the following characteristics: they serve all age groups present in the family, and both sexes; they serve all kinds of

people present in a specific geographical area, usually either a neighborhood or district, without discrimination as to race, creed, social, or economic conditions; and they work with people both in producing direct services to individuals, families, and groups, and in improving living conditions in the geographical area. Today there are over 800 such agencies in the United States. They spend over 25 million dollars annually in providing their services to over 300 cities and towns, and use physical plants worth many millions of dollars more than the total of annual operation budgets. See SETTLEMENTS AND NEIGHBORHOOD CENTERS.

Young Men's Christian Association. The YMCA was founded in 1854 with the purpose of providing opportunities for young men who had come to cities for employment, to make friends and carry on constructive activities together. Membership: Organizations, 1,823, local Associations representing a membership of 3,342,931 individuals. There are 377,616 registered non-members. The YMCA's purpose is to minister to the needs of children, youth, and young adults, by giving them opportunities for greater self-development of body, mind, and spirit. A positive program is offered for the teaching of character-making ideals by the following means: promoting health education and physical activity; providing opportunities for intellectual self-improvement and culture; acquainting young people with the teachings and ideals of Jesus. Program is based on the needs and interests of members according to age groupings. Programs for children and youth include Indian Guides (boys 6-9 years old); Gra-Y for boys and Tri-Gra-Y for girls (9-12 years old); Junior Hi-Y for boys and Junior Tri-Hi-Y for girls (12-14 years old); Hi-Y for boys and Tri-Hi-Y for girls (15-17 years old). More than 90 per cent of all the Young Men's Christian Association's organized group activities for youth are related to these clubs. In addition, physical activities are popular, as are interest groups. Clubs, camping, special citizenship projects, trips, and public affairs projects are parts of the program. Physical facilities usually consist of

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buildings with club rooms, workshop rooms, gymnasiums, pools and assembly halls. Camps are also operated. Building branches and community-centered programs (meetings held largely in schools, houses, or other non-YMCA buildings) are typical patterns of extension of service.

Young Women's Christian Association. In 1959 there were 441 Community Young Women's Christian Associations, 280 registered Young Women's Christian Associations, and 501 Student Associations. A membership organization, the YWCA endeavors to improve the mental and physical well-being of women and girls and to encourage their spiritual growth in keeping with Christian traditions. Any girl over 12 may become a member, regardless of her race, creed, or national origin. Participating in Young Women's Christian Associations activities in this country are women and girls in business, the professions, industry, and agriculture; the Y-Teens, college students, YW Wives, and volunteers. Programs, varying in each community according to local resources and need, include clubs and forums; classes in home-making, vocational training, health education; recreational opportunities through arts and crafts, music, and sports; and spiritual trends through religious observances and community service. The executive body for the organization is the National Board, which recommends program standards in fulfillment of policy and directs regional staff employed in the four community divisions and nine student regions, which in turn advise local Young Women's Christian Associations on program and techniques. Through its Foreign Division affiliation with the World Young Women's Christian Association (headquarters in Geneva, Switzerland) the National Board sends American advisory secretaries, grants for program, and training leaders to 28 countries abroad, and emergency aid in answer to requests for YWCA work in other areas overseas. As a member of the World Young Women's Christian Association, the Young Women's Christian Association of the United States of America is affiliated with YWCA organizations or work in 69 other lands.

National Social Welfare Assembly. The Education-Recreation Conference of the National Social Welfare Assembly, established in 1953 as successor to the Youth Division formed in 1946, and made up of agency representatives and members-at-large, assumes as its over-all function study, joint planning, and action concerning the leisure-time education and recreation needs of people of all ages. It has conducted consultations on current social factors affecting youth and on principles for planning youth services.

Agencies affiliated with the Conference have served as national sponsor for approximately 100 youth and community specialists and 75 trainees brought to the United States by the Department of State to observe methods of work in American communities and to study in graduate schools. There are also within The Assembly the Committee on Youth Services, composed of lay and staff representatives, which devotes its entire attention to youth, and the Young Adult Council. This Council provides a medium through which student and young worker delegates, in the 18 to 30 year age group, of 26 national youth organizations plan and act cooperatively on national and international affairs. It relates young adult organizations in this country to the World Assembly of Youth and its activities. Between meetings of the Council, which occur four times a year, committees on international affairs, national affairs, civil rights and public relations carry on work. The Council also has an exchange program of youth leaders, for which it has special funds from voluntary sources. A United States Assembly of Youth was sponsored by the Council in the fall of 1955. The Young Adult Council also sent the United States delegation to the World Assembly of Youth Council Meeting in West Berlin in August, 1956.

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PART THREE
DIRECTORIES OF AGENCIES

INTERNATIONAL AGENCIES

Note: In view of the inclusion of the article International Social Welfare in PART Two of this volume, it is thought that readers will find a brief directory of international agencies useful. Accordingly a number of intergovernmental and voluntary agencies concerned with international, economic, social, health, cultural, or humanitarian problems are here listed and described.

In the following list the date appearing in parentheses after the title of the agency is the year in which the organization was established. The list is believed to be accurate as of October 1959.

INTERGOVERNMENTAL

Food and Agriculture Organization (FAO) (1945); Headquarters, Rome, Italy; North American Regional Office, 1325 C St., S.W., Washington 25, D.C.; Dr. B. R. Sen, Director-General.

Purpose and Activities: To promote the common welfare by raising levels of nutrition and standards of living of the peoples of the world; and to secure improvements in the efficiency of the production and distribution of all food and agricultural products and to better the condition of rural populations, thus contributing toward an expanding world economy. The immediate aim of the FAO is the abolition of hunger and malnutrition by increasing the output in its member countries. FAO cannot direct the domestic policies of participating countries. But it can compile, analyze, and interpret facts and disseminate information on nutrition, food, and agriculture; and can furnish technical assistance at the request of member nations and ask for periodic reports from these nations on actions taken in line with recommendations. FAO takes an active part in the Expanded Technical Assistance Program of the United Nations. Close to 30 per cent of the ETAP funds are used on FAO projects. In 1959, 76 nations were members of FAO.

Periodicals: Monthly Bulletin of Agricultural Economics and Statistics, \$5.00 a year; FAO Bulletin, monthly free; FAO and World Food Problem, free; Let There Be Bread, free; Fisheries Bulletin, quarterly, \$1.50 a year; World Fisheries Abstracts, bimonthly, \$4.00 a year; Unasylva: Review of Forestry and Forest Products, quarterly, \$2.50 a year; Plant Protection Bulletin, monthly, \$3.00 a year; Food and Agriculture Legislation, quarterly, \$3.50 a year. All FAO periodicals are issued in separate editions for the English, French, and Spanish languages.

Intergovernmental Committee for European Migration (1951); formerly Provisional Intergovernmental Committee for the Movement of Migrants from Europe; 63 rue des Paquis, Geneva, Switzerland; U.S. Office, 1346 Connecticut Ave., Washington, D.C.; Marcus Daly, Director.

Membership: Membership in the Committee is open to governments "with a demonstrated interest in the principle of the free movement of persons" and which undertake to make contributions to the Committee. The Committee now has 28 nations as members.

Purpose and Activities: To make arrangements for the transport of migrants, for whom existing facilities are inadequate and who could not otherwise be moved, from certain European countries having surplus populations, both nationals and refugees, to countries overseas which offer opportunities for orderly immigration, consistent with the policies of the countries concerned. The program operates from emigration countries in Europe to immigration countries throughout the world. Nearly a million Europeans have been sent to new homes.

Periodical: Statistical Report, quarterly.

International Association of Governmental Labor Officials (1914); Bureau of Labor Standards, U.S. Department of Labor, Washington 25, D.C.; Nelson M. Bortz, Secretary-Treasurer.

Membership: Organizations, labor departments of 42 states, 1 territory, and the District of Columbia, 9 Canadian labor departments, the U.S. Department of Labor, and the Canadian Ministry of Labor.

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Purpose: To act as a medium for the exchange of information for and by the members of the organization; to secure better legislation for the welfare of women and children in industry and for labor in general; to promote greater uniformity in labor law administration; to promote greater safety to life and property; and to correlate more closely the statistical and other activities of the federal, state, and provincial departments of labor.

International Labor Office, Washington Branch (1919); 917 Fifteenth St., N.W., Washington 5, D. C.; Ralph Wright, Director.

Purpose and Activities: To represent in the United States the International Labor Organization, a tripartite, intergovernmental agency of the United Nations representing the governments, employers, and workers of 80 nations. The ILO seeks by international action to improve working conditions, raise labor standards, and promote economic and social stability. It provides technical assistance to member countries and participates in the joint technical aid program of the United Nations family of organizations. The Washington Branch is one of 12 branch offices situated throughout the world. It serves ILO headquarters in Geneva, Switzerland, as a liaison office with the U. S. government, employer organizations, and labor unions.

International Labor Organization (ILO) (1919); Geneva, Switzerland; David A. Morse, Director-General.

Purpose and Activities: The International Labor Organization seeks by international action to improve labor conditions, raise living standards, and promote economic and social stability. It is an association of nations, financed by governments, and controlled by representatives of labor, management, and government. Formerly an autonomous part of the League of Nations, the ILO is now a specialized agency associated with the United Nations under an agreement approved by the General Assembly of the United Nations and the International Labor Conference. The United States became a member of the ILO in 1934. By the middle of 1959 there were 80 member nations.

Periodicals: International Labor Review, monthly, \$6.00 a year; Industry and Labor, semi-monthly, \$5.00 a year.

Office of the United Nations High Commissioner for Refugees (UNHCR) (1951); Palais des Nations, Geneva; A. R. Lindt, High Commissioner.

Purpose and Activities: The work of UNHCR is of a humanitarian and entirely non-political nature. Its main tasks are to afford legal protection to refugees, to seek permanent solutions for the problems of non-settled refugees, and to provide emergency assistance to the neediest groups of refugees. The refugees coming within UNHCR mandate are those persons who, owing to well-founded fear of persecution for reason of race, religion, nationality, or political opinion, are outside their country of origin and cannot or, owing to such fear, do not wish to avail themselves of the protection of that country. The legal protection of refugees mainly consists in promoting international conventions and national legislation to improve their legal status. The most important international instrument to date is the 1951 Convention Relating to the Status of Refugees which codifies minimum rights of refugees. Twenty-two governments are at present parties to the Convention. The implementation of this Convention is supervised by UNHCR.

The three main permanent solutions to refugee problems are voluntary repatriation, resettlement, or integration in countries of residence. UNHCR ensures that all decisions concerning repatriation are made voluntarily, it negotiates resettlement schemes, for both healthy and handicapped refugees, with governments of immigration countries, and it promotes the integration of refugees within countries of asylum through specific programs implemented by the voluntary agencies working for refugees or by the local authorities.

From 1 January 1955 to 31 December 1958 some 62,000 refugees benefited under the program of the United Nations Refugee Fund, nearly half of whom were firmly settled. Contributions to UNHCR programs are made on a voluntary basis by governments and private organizations, and targets are set by the High Commissioner's Executive Committee. A total of \$17,000,000 was provided by the international community under the UNREF program and these funds attracted supporting contributions of \$24,000,000 from within the countries where these programs were implemented.

For the year 1959 a number of separate programs have been drawn up for refugees, for the implementation of which \$6,000,000 is required. They include a camp clearance program, a program for the evacuation of refugees of European origin from the mainland of China undertaken jointly with the Intergovernmental Committee for European Migration, and a program for non-settled refugees outside camps. The General Assembly of the United Nations instituted a World Refugee Year starting in June 1959, during which it is hoped that additional contributions will be forthcoming from governmental and private sources in order to speed up solutions to various

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refugee problems. A World Refugee Year target of \$12,000,000 for contributions in 1960 was therefore set by the Executive Committee.

Pursuant to various resolutions of the General Assembly the High Commissioner also deals with special emergencies including those of the refugees from Hungary and of the refugees from Algeria. He also lends his good offices to encourage contributions for assistance to the Chinese refugees in Hong Kong.

Pan American Union (1890); 17th St. and Constitution Ave., N.W., Washington 6, D.C.; José A. Mora, Secretary General.

Activities: The Pan American Union is the central, permanent organ and general secretariat of the Organization of American States, a regional agency within the United Nations. The Union's departments include the following: Cultural Affairs, Economic and Social Affairs, Legal Affairs, Statistics, Technical Cooperation, and Public Information. The Organization of American States' purpose, as set forth in the charter signed in 1948, is to achieve an order of peace and justice; promote American solidarity; strengthen collaboration among the member States; and defend their sovereignty, independence, and territorial integrity. It comprises the 20 Latin American Republics and the United States.

Periodicals: *Américas*, in English, Spanish, and Portuguese, monthly, \$4.00 a year; *Annals of the Organization of American States*, separate editions in English, Spanish, Portuguese, and French, quarterly record of all official inter-American documents, \$2.00 a year; *Estadística*, quarterly, articles in the original language with an English summary when necessary, \$3.00 a year; *Inter-American Review of Bibliography (RIB)*, quarterly, notes and articles in the four official languages, \$3.00 a year.

United Nations Children's Fund (UNICEF) (1946); formerly United Nations International Children's Emergency Fund; United Nations Bldg., New York 17; Maurice Pate, Executive Director.

Activities: At present UNICEF is assisting over 350 child health, nutrition, and welfare projects in over 100 countries and territories in Africa, Asia, the Eastern Mediterranean Region, Europe, and Latin America. UNICEF operates under policies determined by a 30-nation Executive Board, in accordance with principles laid down by the General Assembly and the Economic and Social Council. UNICEF is financed by voluntary contributions from governments and private donations. Aid is given without regard to race,

creed, nationality status, or political belief, and only in response to requests from governments. UNICEF aid is designed not only to help governments meet existing needs of children but also to encourage preventive measures and to enable countries to undertake new action on a continuing and expanding basis.

UNICEF coordinates its aid with that given by the United Nations Bureau of Social Affairs, the World Health Organization, and the Food and Agriculture Organization. UNICEF gives material aid to projects in the form of supplies and equipment and, under certain conditions, in the form of training stipends; the other agencies provide technical advice both to the country operating the project and to UNICEF.

There is increasing recognition in UNICEF of the importance of aiding the training of national staff at all levels. UNICEF is also increasingly stressing the importance of aid for strengthening local channels which can provide education, especially of mothers, in child care, nutrition, and disease prevention and control. These include maternal and child health centers (integrated wherever possible in the general health services), school health and nutrition programs, agricultural and home economics extension services, and community development programs.

In March 1959 the UNICEF Board approved in principle UNICEF aid for social services for children, especially for those needing some form of care outside their own homes; the aid, mainly through training of national staff, would enable the improvement of the quality of care in existing children's residential institutions and would encourage alternative forms of care, such as day care centers, foster family placement, and group homes.

While the long-range goal of UNICEF is to encourage the development of permanent services reaching people at the local level, UNICEF recognizes the necessity for clearing away the major endemic diseases before permanent services can function effectively. UNICEF therefore is continuing its aid for large-scale campaigns against diseases mainly affecting children—malaria, tuberculosis, yaws, trachoma, and leprosy.

In the United States, as in a number of other countries, citizens' interest in UNICEF is channeled through a national committee, the United States Committee for UNICEF (q.v.). In addition to sponsoring the Halloween Trick or Treat for UNICEF program, the Committee carries out information and education activities with other organizations and community groups. Contributions to UNICEF from private sources are handled by the U.S. Committee.

Periodicals: UNICEF Bulletin, bimonthly; UNICEF Compendium, biennially, with addenda from time to time.

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United Nations Department of Economic and Social Affairs, Bureau of Social Affairs (1946); United Nations Bldg., New York 17; Julia Henderson, Director.

Activities: The functions of the Bureau include (a) the preparation of studies and surveys on questions relating to social policy and development; standards and conditions of living; training of welfare personnel; organization and administration of social services; community, family, youth, and child welfare; rehabilitation of the handicapped; social defence; housing and town and country planning; social aspects of migration; and demographic questions; (b) the rendering of assistance to Member States in all these fields through the technical assistance program; (c) the preparation of periodical publications such as Housing, Building and Planning, International Social Service Review, Population Bulletin, and the International Review of Criminal Policy; and (d) the preparation and administration of recommendations and conventions within its field of activity; and the implementation of international treaties on social welfare questions formerly undertaken by the Secretariat of the League of Nations. The Bureau furnishes the secretariat for the Social and Population Commissions and such international conferences or meetings on social welfare questions as may be convened under the auspices of the Economic and Social Council.

United Nations Department of Economic and Social Affairs, Bureau of Technical Assistance Operations (1959); United Nations Building, New York 17; Arthur Goldschmidt, Director.

Purpose and Activities: To manage and administer the technical assistance programs of the United Nations by implementing requests of governments for expert services, training and facilities, technical information, and demonstration equipment in social welfare, economic development, and public administration. Experts are at work in many countries in fields of welfare services and their organization; fellowship holders are sent abroad for observation of best practices in their specialties; various regional and international conferences are held for exchange of views and professional experience. Requests of over 86 countries and territories in Africa, Asia and the Far East, Europe, Latin America, and the Middle East have been met. The programs are financed from voluntary contributions made to the Expanded Programme of Technical Assistance and from the regular budget of the organization.

United Nations Economic and Social Council (ECOSOC) (1945); United Nations Bldg., New York 17; Secretariat of the Council.

Activities: The Economic and Social Council consists of 18 member countries of the United Nations. At each annual session the Assembly elects 6 countries, which serve for three-year terms. The Council has the responsibility, jointly with the General Assembly, for promoting the following: higher standards of living, full employment, and conditions of economic and social progress and development; solutions of international economic, social, health, and related problems; international cultural and educational cooperation; and universal respect for and observance of human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion. The Council may make or initiate studies and reports with respect to international economic, social, cultural, educational, health, and related matters and may make recommendations with respect to any such matters to the General Assembly, to the Members of the United Nations, and to the specialized agencies concerned. It may, likewise, prepare draft conventions for submission to the General Assembly and call international conferences on matters falling within its competence. It may coordinate the activities of specialized agencies (International Labor Organization, Food and Agriculture Organization, United Nations Educational, Scientific and Cultural Organization, World Health Organization, International Bank for Reconstruction and Development, International Finance Corporation, International Monetary Fund, International Civil Aviation Organization, Universal Postal Union, International Telecommunications Union, World Meteorological Organization, and Inter-Governmental Maritime Consultative Organization) through consultation and recommendations, and obtain reports from these agencies. It may make suitable arrangements for consultation with international and, where appropriate, national nongovernmental organizations which are concerned with matters within its competence. It has initiated an expanded program of technical assistance for economic development of underdeveloped countries, with a secretariat body, the Technical Assistance Board, composed of the heads—or their representatives—of the United Nations, ILO, FAO, UNESCO, ICAO, WHO, ITU, WMO, and the International Atomic Energy Agency. The Bank and the Fund also cooperate with the objectives of this program. Functioning under the Council are the following Commissions: Statistical Commission, Population Commission, Social Commission, Commission on Human Rights, Commission on the Status of Women, Commission on Narcotic Drugs, and 4 regional Commissions,

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namely, Economic Commission for Africa, Economic Commission for Europe, Economic Commission for Asia and the Far East, and Economic Commission for Latin America.

United Nations Educational, Scientific and Cultural Organization (UNESCO) (1945); Place de Fontenoy, Paris VII, France; Dr. Vittorino Veronese, Director-General; United Nations Bldg., New York 17, Matta Akrawi, Representative of UNESCO to the United Nations.

Purpose and Activities: To contribute to peace and security by promoting collaboration among the nations through education, science, and culture. To realize this purpose UNESCO strives to advance mutual knowledge and understanding of peoples through all means of mass communication; to give fresh impulse to popular education; and to maintain, increase, and diffuse knowledge, so far as this knowledge will contribute to peace and security. Its program, policies, and budget are determined by a General Conference made up of delegations from Member States of the United Nations, of which there were 18 as of June 1959. An executive board of 24 members and a secretariat headed by a director-general complete the basic structure of the organization. Through its current world program—which includes a series of projects under the main headings of education, natural sciences, social sciences, cultural activities, mass communication, and technical assistance—UNESCO seeks to make more real the idea of a world society by promoting collaboration in specific projects on an international level.

Periodicals: Unesco Bulletin for Libraries, in English, French, and Spanish (Russian language edition available) monthly, \$3.00 a year; Unesco Courier, in English, French, and Spanish, monthly, \$3.00 a year; Unesco Chronicle, in English, French, and Spanish, monthly, \$1.75 a year; Copyright Bulletin, in English, French, and Spanish, annually, \$2.50 a year; International Social Science Bulletin, in English and French, quarterly, \$3.50 a year; Museum, in English and French, quarterly, \$5.00 a year; Fundamental and Adult Education Bulletin, in English, French, and Spanish, quarterly, \$1.00 a year; Current Sociology, in English and French, quarterly, \$6.00 a year; Impact of Science on Society, in English and French, quarterly, \$1.75 a year; International Political Science Abstracts, in English and French, quarterly, \$6.80 a year.

World Health Organization (WHO) (1946); Palais des Nations, Geneva, Switzerland; Dr. M. G. Candau, Director-General.

Activities: The World Health Organization, a specialized agency of the United Nations, is the first world wide health organization in history. In pursuit of its objective—the attainment by all peoples of the highest possible level of health—WHO recognizes that in today's world purely defensive measures against disease, whether physical or mental, can no longer be considered adequate. Its activities, both functional and advisory in nature, constitute an internationally planned and coordinated attack on some of the most important health problems facing humanity. Major current programs concern such problems as strengthening of public health services, malaria eradication, tuberculosis and communicable diseases, maternal and child health, nutrition, environmental hygiene, cancer, cardiovascular diseases. In addition, WHO administers international regulations on health matters and is continuing such activities of world wide interest as medical research, radiation in relation to health, epidemiological intelligence, biological standardization, etc. Regional organizations have been set up in 6 great areas of the world. WHO's principal organs are: the World Health Assembly composed of delegates of all States Members; the Executive Board composed of eighteen persons designated by as many Members, and the Secretariat, comprising the Director-General and the technical and administrative staff. In 1959, 87 nations were Members of WHO, which had also 3 Associate Members. In 1958, WHO assisted 635 health projects in 143 countries and territories, a number of them being jointly assisted by UNICEF.

Periodicals, Series and Official Publications: Bulletin of the World Health Organization, two volumes published annually, each volume consisting usually of six numbers, \$20 (two volumes); WHO Chronicle, monthly, \$3.00 a year; International Digest of Health Legislation, published quarterly, \$7.50 a year; Epidemiological and Vital Statistics Report, monthly, \$12 a year; Weekly Epidemiological Record, \$14 a year; Monograph Series; Technical Report Series, \$7.50 a year. "World Health," bi-monthly, issued by the Division of Public Information. Official Records of the World Health Organization, 8 volumes published annually, \$12. Sales agent in the United States of America: Columbia University Press, International Documents Service, 2960 Broadway, New York 27.

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VOLUNTARY

Association for Childhood Education International (1892); 3615 Wisconsin Ave., N.W., Washington, D.C.; Alberta Meyer, Executive Secretary.

Membership: Individuals, 3,897; organizations, 37 state and province and 630 local.

Purpose and Activities: To work for the education and well-being of children; to bring into active cooperation all groups interested in children in the home, the school, and the community; to promote desirable educational programs and practices in the elementary school, including nursery school, kindergarten, primary, and intermediate; and to raise the standard of the professional training for teachers and leaders in this field. To achieve this purpose the Association is guided by a philosophy of education which is flexible and which changes to meet the needs inherent in a changing society, as related particularly to children and to the preparation of teachers. The Association's program is international in scope.

Periodicals: Childhood Education Magazine, monthly September through May, \$4.50 a year; several new publications, annually, list on request.

Boy Scouts International Bureau (1922); 77 Metcalfe St., Ottawa 4, Ontario; Maj. Gen. D. C. Spry, Director.

Membership: Limited to National Scout Organizations accepting and complying with the rules laid down by the Boy Scouts International Conference.

Activities: Coordinates activities of members; disseminates information to public on Scouting, and to members on training, organization, etc.; makes staff visits and reports on prospective members, and advises present members. Holds International Conference every two years (1959, at New Delhi, India).

Periodicals: World Scouting (published at Ottawa), monthly, \$1.75 per year; Revista Scout de las Americas (published at Havana, Cuba), \$1.00 per year; and Far East Scouting Bulletin (published at Manila), free.

Catholic International Union for Social Service (1925); 111 rue de la Poste, Brussels, Belgium; Miss A. M. De Vuyst, Secretary General.

Membership: Individuals, 50; Catholic schools of social service, 130; associations of social workers, 31.

Purpose and Activities: To develop social service as a means to the establishment of a social order in conformity with natural law and inspired by Catholic social teaching; to study in common, in the light of Catholic principles, such doctrinal, scientific, and practical questions as affect social service; to promote the establishment of Catholic schools of social service and Catholic groups of social workers in the different countries; to facilitate intercourse between schools of social service and groups of social workers with a view to the coordination and support of their action; and to represent on the international level, official or private, the Catholic viewpoint as it affects social service.

Periodical: Service Social dans le Monde, quarterly, \$2.00 a year; News Bulletin, quarterly, fifty cents a year.

International Association of Schools of Social Work (1929); 345 East 46th St., New York 17; (Secretary and United States member of Executive Board; Mrs. Katherine A. Kendall, Council on Social Work Education, 345 East 46th St., New York 17.)

Membership: 257 schools of social work in 32 countries, and 11 associations of schools of social work.

Purpose and Activities: To provide international leadership and encourage the development of good standards in social work education by such means as the following: provision of an international forum on social work education and related matters; collection and dissemination of documents and information on social work education; initiation of international study courses, including regional meetings; representation of the interests of social work education in connection with the activities of the U.N. and other international bodies, governmental and non-governmental; and encouragement of international exchange of teachers and students. The Association is non-political and non-sectarian in purpose and character. An International Congress of Schools of Social Work is held biennially.

Periodicals: Directory of Members and Constitution, published biennially, free to members, fifty cents for non-members; International Social Work, quarterly journal published in cooperation with the International Conference of Social Work and International Federation of Social Workers, free to IASSW members, \$4.00 per year for non-members in North America. Proceedings of International Congresses of Schools

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of Social Work and of Seminars and Regional Conferences are published in English in *International Social Work* and as separate publications in other languages.

International Conference of Catholic Charities (Caritas Internationalis) (1951); Via della Conciliazione 15, Rome, Italy; Msgr. Carlo Bayer, Secretary-General.

Membership: National member organizations, 43. Membership is limited to national welfare and charitable organizations which are approved by the Roman Catholic Hierarchies of the respective countries.

Activities: Promotes the setting up, collaboration, and coordination of the national charitable and assistance organizations. Represents Catholic Charities internationally. Has two permanent delegations, in New York and Geneva. Is endowed with consultative status, category B, with ECOSOC, UNICEF, and FAO. Has set up a Center of Study and Information with different sections covering the following questions: Youth Welfare, Migrants and Refugees, Housing and Population, Under-developed Areas, Emergency Relief. The last-named section functioned on various occasions in the past. In the main, the Section operates whenever a special need calls upon Christian solidarity. Relief action is carried on for Eastern zone refugees in Berlin and for refugees from North Vietnam. A mass relief action was carried on for Hungary since October 1956. It now continues on a smaller scale and covers also other countries beyond the iron curtain. Another emergency action is now taking place for flooded people in Madagascar. ICCS holds its General Assembly in Rome every two years and the Executive Committee meets once a year. ICCS sponsors every year an International Seminary on Youth questions in Salzburg, Austria, and participates in various international meetings related to its field of action. An International Course of Social Work is now going on in Rome as a pilot-project for training of Asian and African social workers. Another training course in community development for missionaries is going on since last year in Ghana, Africa. ICCS cooperates with many international Catholic and non-Catholic organizations more closely connected with the problems falling within its sphere of action.

International Conference of Social Work (1926); 345 E. 46th St., New York 17; Joe R. Hoffer, Secretary-General; Ruth M. Williams, Executive Officer.

Membership: Individuals and organizations, recruited through national committees.

Purpose and Activities: To provide an international forum for the discussion of social work, social welfare, and related issues, and to promote the exchange of information and experience among social workers, social agencies, and others interested in social welfare throughout the world. The Conference operates through constituent national committees organized in approximately 30 countries, including the United States. (The U.S. Committee's headquarters is at 95 Madison Avenue, New York 16. Hortense Dicker is Executive Secretary.) The Conference has consultative status with the United Nations, UNICEF, UNESCO, WHO and the Pan American Union. Conferences have been held in Paris, 1928; Frankfurt, 1932; London, 1936; Atlantic City, 1948; Paris, 1950; Madras, 1952; Toronto, 1954; Munich, 1956; Tokyo, 1958. The Tenth International Conference will be held in Rome in January 1961.

Publications: Proceedings of International Conferences, price varies; *International Social Work*, a quarterly journal published jointly with the International Association of Schools of Social Work; *National Committee Bulletin*, quarterly.

International Federation of Settlements and Neighborhood Centers (1922); Weteringstraat 93, Utrecht, Netherlands; C. Graaff, Executive Secretary. (U.S. affiliate: National Federation of Settlements and Neighborhood Centers, 226 West 47th St., New York 36.)

Membership: National federations of settlements, 12.

Purpose and Activities: Prompts cooperation between settlements and national federations of settlements; encourages exchange of workers of different countries; keeps in touch with work of appropriate international organizations; holds conferences. Objectives: extension of neighborhood center work—urban and rural; training of workers for neighborhood centers; studies of current social problems (e.g. health, housing, child welfare); program resources in recreational-educational field. Program operates in 14 countries with regular contacts with 7 other countries.

International Federation of Social Workers (1932); Room 1017, 345 East 46th St., New York 17; Donald V. Wilson, Secretary.

Membership: National professional social service organizations. (U.S. Member is the National Association of Social Workers.)

Purpose and Activities: To develop a coordinated method for the exchange of ideas, the encouragement and maintenance in every country of

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high professional standards, and the expression on an international scale of the viewpoint of professional social service. Activities: biennial international meeting in conjunction with International Conference of Social Work; regional meetings of professional associations on subjects of common concern; exchange of information, bulletins, statements of professional standards, etc.; advice and assistance to newly forming professional associations; promotion of professional training and professional standards in social welfare; development of hospitality services in order to facilitate the exchange of social workers.

International Prisoners Aid Association (1950), formerly National Prisoners' Aid Association; 125 East Wells St., Room 616, Milwaukee 2; Mrs. Ruth Baker, Secretary-Treasurer.

Membership: Organizations, 19 United States, 6 Canada, 2 England, 1 India.

Purpose: To further the development of improved correctional service; to improve prisoners aid service to the end that the whole correctional service may benefit. Prisoners aid service covers activity related to welfare work in the interest of offenders in and out of institutions, crime prevention, social action legislation, and public information concerning sound methods of crime control.

International Recreation Association (1952); 345 East 46th St., New York 17; Thomas E. Rivers, Director General.

Activities: Maintains a central service office for the world's recreation agencies; provides field service to countries desiring help with organizing national recreation agencies; cooperates with the United Nations and its specialized agencies; encourages and conducts exchanges of recreation leaders among nations; arranges for international conferences; stresses importance of trained leadership for recreation; and provides a medium through which recreation leaders of the world may work in unity on one of the common problems of man.

Periodical: IRA Bulletin, five times a year.

International Rescue Committee, Inc. (1933); 255 Fourth Avenue, New York 10; Hon. Angier Biddle Duke, President.

Purpose and Activities: To aid victims of totalitarian oppression, particularly refugees from the "Iron Curtain" countries, with food, clothes, medical care, and cash allotments; and to provide help through migration and resettlement projects and, in certain countries, through educational

and retraining programs. Relief is administered in Austria, Belgium, France, Germany, Italy, Sweden, Switzerland, and Vietnam. The Committee's projects include displaced persons and refugee resettlement, emergency aid to refugees, and children's homes.

In 1958 MEDICO (Medical International Cooperation) was established as a Division of the International Rescue Committee. The basic purpose of MEDICO is to provide private American medical assistance, on a non-sectarian basis, to people in need in the developing areas of the world. The Honorary Patron of MEDICO is Dr. Albert Schweitzer. Dr. Peter D. Comanduras is the Secretary-General of MEDICO.

International Social Service, Inc. (1924); formerly International Migration Service; 345 East 46th St., New York 17; William T. Kirk, General Director.

Purpose and Activities: To give inter-country social casework service to families and individuals whose problems require such service. Operates through branches or correspondent agencies in 102 countries. The American Branch is located at the address given above. The several national units constitute an interdependent international casework agency with a common purpose and method of functioning adapted to each national and cultural setting. In helping individuals and families in situations requiring consultation or casework service in two or more countries, the Service participates with local, state, or national social welfare agencies, both governmental and voluntary, in the countries concerned. The Service constantly reviews and studies its experience in order to analyze what effect movement across frontiers has on individual and family life. It further seeks through participation in conferences, memoranda, and reports based on its casework experience to give impetus to the consideration of regulations, legislation, international undertakings, or social welfare programs which will lessen the destructive effects of migration and facilitate satisfactory adjustment.

International Society for the Welfare of Cripples (1922); 701 First Ave., New York 17; Donald V. Wilson, Secretary General.

Membership: Affiliated national organizations in 39 countries, associate members, and individual members comprise the membership. Support is by financial subscriptions paid by affiliated national organizations and by grants from foundations, corporations, and private citizens. The National Society for Crippled Children and Adults is the affiliate in the United States.

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Purpose and Activities: To promote the welfare of the crippled throughout the world and, particularly, to serve as an international bureau for the collection, compilation, and dissemination of information relative to the welfare of cripples; to organize international congresses; to encourage investigation of the causes of crippling and promote measures for their elimination; to encourage and bring about the creation of national organizations for the welfare of cripples and to provide a bond between such organizations and to coordinate their activities; to assist such organizations in establishing and carrying forward, in cooperation with governmental and private enterprises, programs for the benefit of cripples. The Society has consultative status with the United Nations, the World Health Organization, and the United Nations Children's Fund.

Periodical: Bulletin, quarterly; published in English, Spanish, and French.

International Union for Child Welfare (1920); 1 rue de Varembe, Geneva, Switzerland; Leonard W. Mayo, President, 345 East 46th Street, New York 17, N.Y.; Miss Frieda Miller, United Nations Liaison, 299 W. 12th St., New York 14, N.Y.; Dan Q. R. Mulock Houwer, Secretary General, 1 rue de Varembe, Geneva, Switzerland.

Membership: A federation of 69 national and international organizations in 38 countries.

Purpose: To aid its member organizations and others (upon request) to reach and maintain a high level of performance in serving the children and youth under their care (preventive work, adoption, foster care, and institutional care); to assist national federations of child care organizations to improve the policy and the programs of their members; to advise and consult with the directors of child welfare in ministries of social welfare and the heads of nongovernmental agencies; to help in the training of child care personnel; to introduce or stimulate pilot projects in the various fields of child welfare; to mobilize help for children who are the victims of crises and disasters. To make known in every country the principles of the Declaration of the Rights of the Child, known as the "Declaration of Geneva". Every four years the IUCW convenes an international child welfare congress to mark the progress in the field of child welfare. In between these meetings, international workshops are organized and meetings of the IUCW Advisory committees on delinquent and socially maladjusted children and young people, on socio-medical care, and on mutual aid are held. In 1952 the IUCW instituted a Universal Children's Day which is celebrated every year in many parts

of the world in cooperation with the IUCW member organizations and the United Nations Children's Fund.

Periodicals: International Child Welfare Review (English and French editions) quarterly, \$2.50 a year; and Newsletter, every two months.

International Union of Family Organisations (1947); 26 Place Saint-Georges; Paris 9, France; Mr. Jean Delaporte, General Secretary.

Membership: 20 organizations in 40 countries.

Purpose and Activities: To establish liaison, without distinction as to race or opinion, between all organizations working on behalf of the welfare of the family throughout the world. Five permanent commissions and several study groups have been organized for the technical study of the following problems: family standards of living; family housing; parent-teacher relations; marriage guidance; rural families; family action among the working class; family and social techniques.

Periodical: Familles dans le Monde, quarterly.

League of Red Cross Societies (1919); Chemin des Crets, 17 Petit Saconnex, Geneva, Switzerland; Henry W. Dunning, Secretary General.

Membership: The League is the world federation of National Red Cross (Red Crescent, Red Lion and Sun) Societies existing at present in 82 countries of the world, comprising collectively a membership of over 125 millions.

Purpose and Activities: The object of the League is to encourage and facilitate at all times the action of the National Societies for the prevention and alleviation of suffering. The League acts as the permanent organ of liaison, coordination, and study between the National Red Cross Societies, with a view to assisting them in the organization and exercise of their activities, both national and international. It assists and advises the Red Cross Societies in all aspects of their activities, particularly in the improvement of health, the promotion of first aid and nursing care, the prevention of disease, and the mitigation of suffering. In the social welfare field, it is concerned with mother and child welfare, family and adult services, diversional therapy and assistance to the aged, fellowship and exchange programs, material aid, rehabilitation of the handicapped, health education of the public, and work with refugees and migrants.

Periodical: The Red Cross World, quarterly, \$2.09 a year.

International Agencies

World Alliance of Young Men's Christian Associations (1855); 37 Quai Wilson, Geneva, Switzerland; Paul M. Limbert, Secretary-General.

Membership: 34 Members and 5 Associates. The World Alliance is a federation of national and area YMCA bodies.

Purpose and Activities: A primary object of the World Alliance is to strengthen and extend the work of YMCAs in some 75 countries and to adapt programs with youth and young adults to the changing needs of their various environments. Another purpose is to sponsor international humanitarian welfare and relief work on a Christian basis, especially in time of war and with refugees. Area and world conferences are planned at frequent intervals.

Periodical: World Communique, bimonthly, \$1.50 per year.

World Association of Girl Guides and Girl Scouts, The (1928); The World Bureau, 132, Ebury St., London, S.W.1., England; Dame Leslie Whateley, D.B.E., Director.

Membership: 44 national organizations, over 4¼ million individuals.

Activities: Holds Conferences, Gatherings, and Trainings all over the world to promote among Girl Guides/Girl Scouts unity of purpose and common understanding in the fundamental purposes of the movement. World Conferences of delegates from Member Countries are held triennially to consider policy and standards of Girl Guiding/Girl Scouting throughout the world. Meetings of Girl Guides/Girl Scouts from all over the world are held at the three World Association Centers: in London, Switzerland, and Mexico. Maintains contacts with world and international organizations having aims similar to those of the World Association.

Periodical: The Council Fire, quarterly, 5 shillings a year.

World Federation for Mental Health (1948); 19 Manchester Street, London, W.1, England; New York Office: 162 East 78th Street, New York 21; Dr. John R. Rees, Director (London). In official relationship with U.N. (ECOSOC), ILO, UNESCO, WHO, UNICEF.

Membership: 113 Member-Societies (mental health associations and professional or specialized societies) in 42 countries and 3 dependencies; about 1,200 individual Associates and 77 Affiliated Organizations in 15 countries. Entirely de-

pendent on subscriptions of its membership and on voluntary donations from other organizations and private persons.

Purpose and Activities: To promote among all peoples and nations the highest possible standard of mental health in its broadest biological, medical, educational and social aspects; to cooperate with the U.N. and its Specialized Agencies and other intergovernmental or international non-governmental organizations in so far as they promote mental health; to help and encourage the improvement of mental health services throughout the world; to foster the ability to live harmoniously in a changing environment; to promote and encourage communication and mutual understanding through meetings and conferences, and promote and encourage research in the field of mental health; to further the establishment of good human relations in all possible ways. Most recent major project, World Mental Health Year, 1960.

Publications: Annual Reports; World Mental Health, quarterly; reports and papers given at Annual Meetings, etc. (List on application to Secretariat).

World Young Women's Christian Association (1894); 37 Quai Wilson, Geneva, Switzerland; Elizabeth Parker, General Secretary.

Membership: 61 national YWCAs.

Purpose and Activities: The World YWCA provides a channel for the sharing of resources and exchange of experience by means of its publications, conferences, seminars, exchange of leaders between different countries, etc. It provides leadership training and assists in program development, surveys news fields, and promotes new YWCA work to meet the needs. It acts in cooperation with other voluntary movements and intergovernmental agencies (e.g., through its consultative status with the Economic and Social Council of the UN, UNESCO, FAO) for improved social and economic conditions and basic human rights. It sponsors international humanitarian, welfare, and relief work in times of emergency. All its activities help to promote international understanding and to bring girls and women of different Christian traditions into a worldwide fellowship.

Periodicals: World YWCA Monthly, 11 issues per year, \$1.50; Youth Leaders Bulletin, 2 issues per year, 75 cents; The YWCA in Action (study pamphlets), 3 issues per year, \$1.15; Membership Day material, 1 issue per year, thirty-five cents; and Week of Prayer and World Fellowship booklet, 1 issue per year, \$5.50 per 100 copies.

NATIONAL AGENCIES—GOVERNMENTAL

Note: The federal bureaus, divisions, or other agencies included in this list are those whose activities seem to be within or most significantly related to social work. The date appearing in parentheses after the title is the year in which the agency was established. This list is believed to be accurate as of October 1959.

AGENCIES FUNCTIONING UNDER FEDERAL DEPARTMENTS

Department of Agriculture

- Extension Service
- Farm Credit Administration
- Farmers Home Administration
- Food Distribution Division
- Forest Service
- Institute of Home Economics
- Rural Electrification Administration

Department of the Air Force

- Psychiatric Social Work Program, Office of the Surgeon General

Department of the Army

- Social Service Consultant, Office of the Surgeon General

Department of Commerce

- Bureau of the Census

Department of Health, Education, and Welfare

- Office of Education
- Office of International Activities
- Food and Drug Administration
- Office of Vocational Rehabilitation
- Public Health Service
- Social Security Administration
 - Bureau of Old-Age and Survivors Insurance
 - Bureau of Public Assistance
 - Children's Bureau
 - Division of Program Research
 - International Service

Department of the Interior

- Bureau of Indian Affairs
- Bureau of Mines
- Fish and Wildlife Service
- National Park Service

Department of Justice

- Board of Parole
- Bureau of Prisons
- Civil Rights Division
- Federal Bureau of Investigation
- Immigration and Naturalization Service

Department of Labor

- Bureau of Employees' Compensation
- Bureau of Employment Security
- Bureau of Labor Standards
- Bureau of Labor Statistics
- Bureau of Veterans' Reemployment Rights
- Wage and Hour and Public Contracts Divisions
- Women's Bureau

Department of State

- Advisory Committee on Voluntary Foreign Aid
- International Cooperation Administration
- International Educational Exchange Service
- Office of International Economic and Social Affairs
- Office of Special Consular Services
- U.S. Mission to the United Nations

Executive Office of the President

- Office of Statistical Standards, Bureau of the Budget

AGENCIES NOT FUNCTIONING UNDER FEDERAL DEPARTMENTS

- Commission on Civil Rights
- Federal Council on Aging
- Federal Home Loan Bank Board
- Federal Inter-Agency Committee on Recreation
- Federal Mediation and Conciliation Service
- Housing and Home Finance Agency
- Interdepartmental Committee on Children and Youth
- National Labor Relations Board
- Office of Civil and Defense Mobilization

- President's Committee on Employment of the Physically Handicapped
- President's Committee on Migratory Labor
- President's Council on Youth Fitness
- Railroad Retirement Board
- Selective Service System
- Tennessee Valley Authority
- U.S. Civil Service Commission
- U.S. National Commission for UNESCO
- U.S. Probation System
- Veterans Administration

National Agencies—Governmental

Advisory Committee on Voluntary Foreign Aid, International Cooperation Administration (1946); Washington 25, D.C.; Charles P. Taft, Chairman.

Purpose and Activities: To guide the public and agencies seeking the support of the public in the appropriate solicitation and productive use of contributions for voluntary foreign aid, including projects of related character other than religious. The Committee functioning under the International Cooperation Administration is composed of 9 members and the chairman, all of whom serve without compensation. It accepts for registration U.S. private nonprofit agencies engaged in furnishing voluntary relief, rehabilitation, reconstruction, and other welfare services for or in foreign areas, whose reported programs are deemed to be in the public interest. Information filed by the agencies, including financial statements and reports of relief exports, is available for public inspection. The Committee carries out the statutory, regulatory, and procedural obligations relating to voluntary aid as set forth in U.S. laws. It performs such advisory, liaison, and consultative functions with appropriate federal, international, and other governmental authorities, and with private bodies, as prescribed by law or requested by constituted authorities, in the furtherance of voluntary foreign aid, recommending to such authorities those nonprofit agencies entitled to governmental support or facilitation, including U.S. Department of Agriculture surplus foods, and ocean freight subsidy. It appraises abroad foreign needs for American voluntary agency programs and their correlation with related public programs. Approximately 80 countries received aid totaling \$307 million in cash and commodities during fiscal year 1958 through more than 50 registered voluntary agencies. This aid is supplementary to the programs of the U.S. Government and United Nations.

Periodicals: Semiannual report of exports, by country; semiannual report of income and expenditures, by agencies; list of registered agencies; annual report covering Relief Shipments Made by Registered Voluntary Agencies to Countries and Areas Participating in the Ocean Freight Subsidy Program; Roster of Voluntary and Non-Profit Groups and Agencies Interested in Technical Cooperation Abroad; Status Report—Voluntary and Non-Profit Agency Technical Cooperation Contracts with ICA; all free.

Board of Parole, United States Department of Justice (1930); Washington 25, D.C.

Purpose: To hold hearings under the provisions of the federal parole law in the cases of federal

prisoners applying for parole, and to approve or disapprove of parole in such cases; to pass on alleged violations of parole; and to issue warrants for arrest. The Board is composed of 8 members, 3 of whom, including a chairman, constitute a Youth Correction Division which deals with youthful offenders. All members are on a full-time basis and are appointed by the Attorney General of the United States. Their decisions are not subject to review.

Bureau of Employees' Compensation, United States Department of Labor; Washington 25, D.C.; William McCauley, Director.

Purpose and Activities: To administer the several federal workmen's compensation laws applicable to employments within the jurisdiction of the federal government. In the discharge of this duty the Bureau is responsible for the adjudication of claims within the purview of the several laws, the authorization of insurance carriers to write insurance under such laws, the investigation of causes of accidents reported, the arrangements to rehabilitate permanently disabled beneficiaries, and similar activities. Branch offices are maintained in cities.

Bureau of Employment Security, United States Department of Labor; Washington, D.C.; Robert C. Goodwin, Director.

Activities: The Bureau promotes and develops a nationwide system of affiliated state-administered public employment offices (Wagner-Peyser Act, 1933), and carries out the federal responsibilities of the federal-state unemployment insurance program (Social Security Act, 1935). The employment security program has two major purposes—to find jobs for workers and workers for jobs, and to replace a portion of the wage loss of temporarily unemployed workers who meet the requirements of individual state unemployment insurance laws. The Bureau furnishes national leadership, administrative financing, research facilities, and program coordination to the state employment security agencies. It reviews state unemployment insurance laws and their administration for conformity with federal requirements, eligibility for administrative grants, and certification for tax credit. It helps develop legislation, rules, regulations, and administrative procedures and evaluates the effectiveness of current employment security programs in order to recommend improvements where needed, through federal and state legislation. The Bureau also administers the federal functions in the programs of unemployment compensation for federal employees and unemployment compensation for ex-

National Agencies—Governmental

servicemen (Title XV, Social Security Act, as amended in 1958.) The Bureau of Employment Security, through affiliated state employment service offices, provides job counseling and placement services to job seekers and assistance to employers with their employment problems. It maintains a veterans employment service and a farm placement service. It also administers a public employment service for the District of Columbia. The Bureau helps states establish and maintain systems of public employment offices and coordinates such systems throughout the country. It develops and prescribes standards of efficiency, promoting uniformity in administrative and statistical procedures for these state systems. It develops and disseminates job opportunity and other labor market information of value in the operation of the system, and maintains a system of clearing labor among the several states. The Bureau was transferred to the Department of Labor under the President's Reorganization Plan No. 2 of 1949, which became effective August 19, 1949.

Periodicals: Unemployment Insurance Claims, weekly, free; Employment Security Review, monthly, \$2.00 a year in the United States, Canada, and Mexico, \$2.75 a year in other countries; The Labor Market and Employment Security, monthly, \$3.00 a year in the United States, Canada, and Mexico, \$4.00 a year in other countries; Benefit Series Service, Unemployment Insurance, monthly, \$4.00 a year in the United States, Canada, and Mexico, \$5.00 a year in other countries.

Bureau of Indian Affairs, United States Department of the Interior (1849); Washington 25, D.C.; Glenn L. Emmons, Commissioner.

Purpose and Activities: The Bureau's purpose is to promote the welfare of Indians residing on reservations in the United States and natives in Alaska. Its activities include the extension of social services, provision of general assistance, furnishing of educational opportunities for both children and adults, maintenance of law and order, aid in relocating to cities where employment opportunities are available, rehabilitation of Indian lands with soil and water conservation, extension of credit and livestock loans to promote economic enterprises, assistance with Indian arts and crafts, and proper management of the trusteeship of the Federal Government, as authorized by laws and treaties. The policy of the Bureau is to continue its various programs only until such time as the various services can either be provided by the Indians for themselves or by their tribal groups or through the regular established agencies operating in their respective counties and states.

Bureau of Labor Standards, United States Department of Labor (1934); Washington 25, D.C.; Arthur W. Motley, Director.

Activities: The Bureau is a service agency to state labor departments and to worker, employer, educational, and civic groups interested in improving working conditions, and in preventing industrial accidents and occupational diseases. It is a clearinghouse on labor legislation, labor law administration, child labor and youth employment, and safety and health activities. It provides technical assistance, upon request, to groups and agencies concerned with establishing and maintaining safe and healthful working conditions and desirable labor standards, including youth employment and migratory agricultural workers. The Bureau holds national and regional conferences to secure agreement on needed labor legislation and methods of administration. It promotes program to improve working and living conditions of migrant agricultural workers and gives program assistance to national and state groups on migratory labor problems. It brings together the various agencies and groups concerned—governmental and voluntary, labor and management—to develop and carry out accident prevention programs; prepares and distributes bulletins on safety and health, child labor and youth employment, and labor legislation; upon request, gives technical assistance in drafting labor bills and in developing standards for child labor regulations and hazardous occupations orders, and in developing administrative procedure; and coordinates federal and state programs of labor law enforcement. The Bureau, upon request, conducts safety training courses, both elementary and advanced, for state industrial inspectors and federal agency personnel. It develops special safety programs for high-hazard industries, assists states in developing safety codes and standards, and establishes and enforces safety standards in the longshore and ship-repair industries. The Bureau services the President's Conference on Occupational Safety and assists states in organizing governors' conferences on occupational safety. It services the Federal Safety Council and assists federal agencies in the organization of safety programs. The Bureau receives, files, and makes available in the Labor Department's public documents room copies of descriptions of welfare and pension plans and annual financial reports on such plans required to be filed with the Secretary of Labor under the Welfare and Pension Plans Disclosure Act. The Bureau helps to train foreign nationals under the International Exchange Program and, on request, gives consultative services to other governments in developing and strengthening their programs of industrial safety and health, labor legislation, and labor inspection training.

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Periodicals: Digest of State and Federal Labor Legislation, annually; free. Safety Standards, monthly, \$1.50 a year.

Bureau of Labor Statistics, United States Department of Labor (1884); Washington 25, D.C.; Ewan Clague, Commissioner.

Purpose and Activities: To collect and publish information and statistics in the field of labor and related social activities. Subjects studied and statistics compiled by the Bureau include collective bargaining, employment, unemployment, labor force participation, labor-management disputes, occupational outlook, retail and wholesale prices, productivity of labor and technological developments, wages and hours of labor, work injuries, and foreign labor developments. In addition, special investigations of other subjects of current significance are made from time to time.

Periodical: Monthly Labor Review, \$6.25 a year in the United States, Canada, and Mexico; \$7.75 in other countries. Single copies, United States, Canada and Mexico, 55 cents; single copies (otherwise) 75 cents.

Bureau of Mines, United States Department of the Interior (1910); Washington 25, D.C.; Marling J. Ankeny, Director.

Purpose and Activities: To study problems of safety and health in the mining industry with a view to reducing the death and accident rate and improving health conditions among employees; to conduct scientific and technologic investigations concerning mining, and the preparation, treatment, and utilization of mineral substances with a view to increasing efficiency and eliminating waste; to study economic problems of the mineral industries; to compile and analyze statistics of production, consumption, exports, imports, stocks, and distribution of mineral commodities; to conduct research on synthetic liquid fuels with a view to providing for private industry the technical engineering and cost data of producing oil and gasoline from coal, lignite, and oil shale; and to produce, conserve, and develop new uses for helium gas of which the United States Government is the world's largest producer. The Bureau publishes numerous bulletins and reports covering its various fields of interests.

Periodicals: List of New Publications, monthly, free; Minerals-Yearbook volumes, annually, at various prices from Superintendent of Documents, Government Printing Office, Washington 25, D.C.

Bureau of Old-Age and Survivors Insurance, Social Security Administration, United States Department of Health, Education, and Welfare (1946); est. as Federal Bureau of Old-Age Benefits of Social Security Board in 1935; Equitable Bldg., Baltimore 2; Victor Christgau, Director.

Activities: The Bureau administers a national program of old-age, survivors, and disability insurance. Almost all employed and self-employed persons are now covered by the program. The program provides regular monthly benefits for insured workers and their families when the worker retires at or after age 65 (62 for women), for eligible survivors when the worker dies at any age, and for disabled workers age 50 to 65 and their eligible dependents.

Bureau of Prisons, United States Department of Justice (1930); Washington 25, D.C.; James V. Bennett, Director.

Purpose and Activities: To supervise, under the Attorney General, the administration of the federal penal and correctional institutions, including a social service program; to oversee the development of a system of classification of prisoners and individualization of treatment; to make provisions for the care and custody of federal prisoners committed to jails and other local institutions; and to cooperate in the administration of the parole system. Under the Director's supervision the Federal Prison Industries, Inc., has jurisdiction over all employment and vocational activities in the penal institutions.

Periodical: Federal Prisons, annually.

Bureau of Public Assistance, Social Security Administration, United States Department of Health, Education, and Welfare (1946); est. as Bureau of Public Assistance of Social Security Board in 1935; Washington 25, D.C.; Kathryn D. Goodwin, Director.

Activities: The Bureau administers provisions for grants by the federal government to states for old age assistance, aid to the blind, aid to dependent children, and aid to the permanently and totally disabled; reviews and approves state plans for public assistance; reviews state estimates, and certifies to the United States Treasury the amount of federal grants to the states; reviews the operation of state plans in order to determine their continuing conformity with the federal Social Security Act; collects, analyzes, and publishes data on the operation of all forms of public assistance in the states, including general assistance toward which the federal govern-

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ment does not grant funds; and, in cooperation with other federal departments and agencies, develops and maintains the federal-state emergency welfare services program as delegated to the Department. The work of the Bureau is carried by the Bureau's central staff in Washington and by regional public assistance staff attached to the regional offices of the Department. Appropriate specialized service is provided to the staff and to state agencies by other staff members of the Department.

Bureau of the Census, United States Department of Commerce (1902); Washington 25, D.C.; Robert W. Burgess, Director.

Purpose and Activities: To gather and compile statistics on the human and economic resources of the United States and its outlying possessions. The Bureau conducts the decennial census (the 18th includes the population and housing enumeration on April 1, 1960; agriculture, irrigation, and drainage in autumn of 1959) as well as other periodic censuses authorized by law. In addition an agricultural census is taken in the fifth year following each decennial census, and censuses of manufactures and business and mineral industries are conducted every 5 years. Surveys to obtain more detailed information than that furnished in the regular census inquiries or to provide special compilations to assist in the solution of administrative problems of governmental agencies are undertaken as the need arises. Current industrial and business reports and data on imports and exports are also issued by the Bureau. Subjects of interest to social work for which annual, periodic, or special reports are compiled are the following: population estimates, state and local government finance and employment, and housing occupancy and vacancy. A nonstatistical service is rendered by furnishing transcripts of data enumerated about an individual at an earlier census to aid him in establishing the facts of birth and citizenship for obtaining old age assistance, to adjust life insurance claims, and for other purposes.

Bureau of Veterans' Reemployment Rights, United States Department of Labor (1947); Washington 25, D.C.; Hugh W. Bradley, Director.

Activities: To assist ex-servicemen, training duty reservists, rejectees, employers, and labor organizations in connection with reemployment rights provided in the Universal Military Training and Service Act of 1951 (formerly the Selective Service Act of 1948) and related statutes. The Director is responsible to the Assistant Secretary

of Labor for the administration of the program. Assistance on reemployment questions is provided in local communities by volunteer reemployment rights advisers who serve without pay. Local employment service offices, local Selective Service boards, and contact offices of the Veterans Administration also serve as initial points of contact and referral for those seeking advice on reemployment rights. Field representatives of the Bureau keep in touch with these cooperating agencies, supervise the activities of volunteer reemployment rights committeemen and advisers, and render direct assistance in the handling of reemployment problems and cases. In those cases where a settlement is not reached, ex-servicemen are advised that, upon written request, the complete file will be referred to the United States Attorney who represents the veteran in a court action if the claim has sufficient merit to justify legal action.

Children's Bureau, Social Security Administration, United States Department of Health, Education, and Welfare; est. as a bureau of the U.S. Department of Commerce and Labor in 1912; Washington 25, D.C.; Mrs. Katherine Brownell Oettinger, Chief.

Purpose and Activities: The interlocking purposes of the Bureau are: to assemble facts needed to keep the country informed about children and matters adversely affecting the well-being of children; to recommend measures that will be effective in advancing the wholesome development of children, and in preventing and treating the ill effects of adverse conditions; to give technical assistance to citizens and to voluntary and public agencies in improving the conditions of childhood; and to administer the financial aid that the federal government appropriates each year to aid the states in building better health and welfare conditions for children and for mothers during childbearing. The Bureau encourages the incorporation of mental health concepts into all phases of child care. On normal growth and development, the Bureau reports what is learned from its own studies and from the research and practice of others. Much of this is reflected in the Bureau's popular bulletins for parents: Prenatal Care; Infant Care; Your Child from One to Six; Your Child from Six to Twelve; The Adolescent in Your Family. Other publications provide information for professional workers on normal growth needs. The Bureau also publishes a series of pamphlets for the use of parents who have children with handicaps, such as mental retardation, blindness, cerebral palsy, etc. Its most recent addition in its parent series is "Your Gifted Child." The Bureau's Clearinghouse for Research in Child Life keeps abreast

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with ongoing research on all aspects of child life. Guidance for parents, practitioners, and program operators on the care and treatment of children with physical, emotional, mental, and social handicaps is provided in many publications and through technical consultation. Presently, three groups of handicapped children receiving special attention are: mentally retarded children; children in unprotected adoptions; and juvenile delinquents. Recent expansion in services for the latter group provides consultation to states and communities on desirable practices in juvenile courts, probation and parole work, juvenile police services, training schools, community organization, social casework, and group work. Similar multiprofessional consultation is given all state agencies receiving annual grants for improving and extending maternal and child health services, services for crippled children, and child welfare services, and to many voluntary organizations concerned with the health and welfare of children. Internationally, the Bureau cooperates in technical assistance programs of the United States, the United Nations, and other international bodies, in behalf of children in all countries.

Periodical: Children, 6 times a year, \$1.25 a year. Subscriptions should be sent to the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

Civil Rights Division, United States Department of Justice (1957); Washington 25, D.C.; W. Wilson White, Assistant Attorney General in Charge.

Activities: The Division has responsibility for the enforcement of the laws in the general field of civil rights including all laws relating to civil rights and voting, such as the federal election laws; Federal Corrupt Practices Act; Hatch Political Activities Act; illegal deprivation of rights of citizens; obstruction of justice; peonage and slavery; illegal use of search warrants; custody, escape, and sentence of federal prisoners; and the protection of merchant seamen. The enforcement of these laws involves the supervision and direction of criminal prosecutions and the use of certain civil remedies where necessary and appropriate to protect the rights of citizens to vote for federal office. In addition, the Division directs and reviews investigations arising from complaints of public officials or private individuals with respect to matters affecting civil rights.

Commission on Civil Rights (1957); 726 Jackson Place, N.W., Washington 25, D.C.; Gordon M. Tiffany, Staff Director.

Membership: Appointed by President, six members. There are State Advisory Committees, ap-

pointed by the Commission, numbering 330 members.

Purpose and Activities: To investigate allegations in writing under oath or affirmation that certain citizens of the United States are being deprived of their right to vote and have that vote counted by reason of their color, race, religion, or national origin, which writing, under oath or affirmation, shall set forth the facts upon which such belief or beliefs are based; to study and collect information concerning legal developments constituting a denial of equal protection of the laws under the Constitution; and to appraise the laws and policies of the federal government with respect to equal protection of the laws under the Constitution. The Commission shall submit interim reports to the President and to the Congress at such times as either the Commission or the President shall deem desirable, and shall submit to the President and to the Congress a final and comprehensive report of its activities, findings, and recommendations not later than two years from the date of the enactment of this Act.

Department of Health, Education, and Welfare (1953); Washington 25, D.C.; Arthur S. Flemming, Secretary of Health, Education, and Welfare.

Purpose and Activities: To administer and coordinate major government services relating to the welfare of individuals and their families. The Department's continuing concern is the conservation and development of human resources of the nation. Whatever the statutory purpose of the separate programs—whether to provide opportunities for education, safeguards against sickness and disease, vocational rehabilitation, or protection against the economic hazards of old age or premature death of the breadwinner—they all have the basic objective of promoting the security and well-being of the individual and his family.

The Department's organization follows. An asterisk against the name of a constituent indicates that it is listed separately in this Directory.

Secretary of Health, Education, and Welfare
Under Secretary of Health, Education, and Welfare

Assistant Secretaries (2)

Special Assistant for Health and Medical Affairs

Office of Administration

Office of General Counsel

Office of Publications and Reports

*Office of International Relations

Office of Field Administration

Regional Directors

*Social Security Administration

Office of the Commissioner

*Division of Research and Statistics

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- *Bureau of Old-Age and Survivors Insurance
- *Bureau of Public Assistance
- *Children's Bureau
 - Bureau of Federal Credit Unions
- *Public Health Service
 - Office of the Surgeon General
 - Bureau of Medical Services
 - Freedmen's Hospital
 - Bureau of State Services
 - National Institutes of Health
- *Food and Drug Administration
- *Office of Vocational Rehabilitation
- *Office of Education
 - Saint Elizabeths Hospital
 - Federally-Aided Corporations
 - American Printing House for the Blind
 - Gallaudet College
 - Howard University

Division of Program Research, Social Security Administration, United States Department of Health, Education, and Welfare (1946); est. as the Bureau of Research and Statistics of Social Security Board in 1935; Washington 25, D.C.; Ida C. Merriam, Director.

Activities: The Division is responsible for continuing review and evaluation of existing social security programs and program needs and for over-all studies and analyses relating to social security and its place in the national economy, and the development of findings and recommendations on the most effective methods of providing social security. It conducts studies and analyses of aspects of social security which are outside the immediate scope of the operating bureaus of the Social Security Administration, and reviews and coordinates the statistical and research activities of these bureaus.

Extension Service, United States Department of Agriculture (1914); Washington 25, D.C.; C. M. Ferguson, Administrator.

Purpose and Activities: To take to rural people the results of the research of the U.S. Department of Agriculture and the state experiment stations in agriculture and home economics, to keep farm people informed of economic problems and public policies and programs affecting agriculture, to aid farmers in obtaining better returns from their farms, and to make rural America a better and more satisfactory place in which to live. The Service is a cooperative enterprise conducted by the U.S. Department of Agriculture and the state colleges of agriculture in each of the states, and Puerto Rico, and the participating counties. Among its activities is the promotion of 4-H Club work with farm boys and girls.

Periodical: Extension Service Review, monthly, \$1.50 a year.

Farm Credit Administration (1933); Washington 25, D.C.; R. B. Tootell, Governor.

Purpose and Activities: Supervises a cooperative credit system through which farmers with a sound business basis for credit obtain long, intermediate and short-term loans as well as credit for their business cooperatives. The lending organizations supervised obtain their loan funds largely through the sale of securities in the investment market without any government guarantee. Farmers obtain loans through 496 local production credit and 867 local national farm loan associations. Farmers' cooperatives borrow from one of the 12 district banks for cooperatives. In each of the 12 Farm Credit districts there is a Federal land bank, a Federal intermediate credit bank, and a bank for cooperatives.

Periodicals: Annual Report of the Farm Credit Administration, 35 cents; Annual Report of Loans and Discounts of Lending Institutions Supervised by the Farm Credit Administration, free.

Farmers Home Administration, United States Department of Agriculture (1946); Washington 25, D.C.; Kermit H. Hansen, Administrator.

Activities: This agency offers credit services to farmers whose credit needs cannot be supplied by other sources at reasonable terms and rates. Applications from war veterans receive preference in processing. Loans are made for the following: livestock, farm equipment, fertilizer, feed, seed, and other operating essentials; buying family-type farms or enlarging or developing uneconomic farms into family-type units; construction or repair of homes and farm buildings; establishing or improving soil and water conservation practices; assisting farmers in areas designated by the Secretary of Agriculture, who have suffered damage or losses from floods, drought, or other production emergencies and cannot obtain necessary credit to continue normal operations. Through its insured loan program the agency also guarantees farm purchase, enlargement, and development loans, and loans for soil and water conservation purposes, advanced by private lenders. Operating credit is usually used to finance necessary adjustments in families' farming operations, and assistance is given borrowers by the local supervisors in making and carrying out farm-and-home plans designed to make the best of their resources and increase the efficiency of their farming. Farm ownership loans, amortized over 40 years, and some types of soil and water conservation loans that may run up to 20 years,

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are accompanied by the same type of individual guidance. The agency's local farmer-committees must certify applicants' eligibility for all types of loans. Farmers file applications at 1,500 county Farmers Home Administration offices serving all agricultural counties.

Federal Bureau of Investigation, United States Department of Justice (1908); 9th St. and Pennsylvania Ave., N.W., Washington 25 D.C.; J. Edgar Hoover, Director.

Activities: The FBI serves as the investigative arm of the United States Department of Justice and is charged with the duty of investigating violations of the laws of the United States, collecting evidence in cases in which the United States is or may be a party in interest, and performing other duties imposed upon it by law. Violations of federal statutes such as espionage, kidnapping, bank robbery, bribery, bankruptcy, etc., are investigated. The FBI has 53 field offices located throughout the United States and in Puerto Rico. It is a source of information on juvenile delinquency statistics, and its Uniform Crime Reports furnish accurate information on national, state, and local crime and delinquency conditions.

Periodical: FBI Law Enforcement Bulletin, monthly, free to duly constituted law enforcement agencies and officials.

Federal Council on Aging (1956); U.S. Department of Health, Education, and Welfare, Washington 25, D.C.; Warren T. Roudebush, Executive Director.

Purpose and Activities: To coordinate the various programs and resources of the Federal Government in the field of aging. The Council carries on continuing reviews of these programs and makes recommendations to the President and the appropriate departments and agencies. The Secretary of Health, Education, and Welfare is Chairman of the Council. Other permanent members are: Secretaries of Agriculture, Commerce, Labor, and Treasury, and the Administrators of the Housing and Home Finance Agency and Veterans Administration.

Federal Home Loan Bank Board (1932); 101 Indiana Ave., N.W., Washington 25, D.C.; Albert J. Robertson, Chairman.

Activities: The Board directs supervision of the Federal Home Loan Bank System, a reserve credit organization serving member home financing institutions through 11 regional Federal Home Loan Banks. Membership of the System

includes 4,582 savings and loan associations and similar institutions, such as building and loan associations and cooperative banks, 25 mutual savings banks, and 2 insurance companies, with combined assets of \$54,165,000,000. The Board also administers the Federal Savings and Loan Insurance Corporation, which insures the safety of savings invested in 3,906 insured savings and loan associations up to \$10,000 per person. Another responsibility of the Board is the chartering and supervision of federal savings and loan associations, which number 1,819. The Board completed the liquidation of the Home Owners' Loan Corporation, an emergency agency, in May 1951. The operations of the agencies under the Federal Home Loan Bank Board are self-supporting, requiring no appropriation from U.S. Treasury funds. The Board issues the Digest, a monthly publication, in the interest of the Bank System, the Insurance Corporation, and member institutions; copies available on request.

Federal Inter-Agency Committee on Recreation (1946); 2649 South Interior Bldg., Washington 25, D.C.; George E. Dickie, Executive Secretary.

Purpose and Activities: To clarify the proper responsibilities of the federal government in the recreation field; and to discover and face existing gaps in meeting these responsibilities, with special consideration of the needs of small communities and rural areas, minority groups, young people, older adults, and women and girls. The Committee serves as a clearinghouse for the exchange of information of policies, plans, methods, experiences, and procedures among the member agencies; considers all current agency problems and projects presented to it and recommends basic principles which might well be followed in these and similar projects and problems; and endeavors to facilitate the provision of information about the recreation activities of federal agencies. Member agencies are the following: Corps of Engineers (Army), Extension Service, Fish and Wildlife Service, Forest Service, National Park Service, Office of Education, Bureau of Reclamation, Bureau of Land Management, Public Health Service, and Public Housing Administration.

Federal Mediation and Conciliation Service (1947); Department of Labor Bldg., Washington 25, D.C.; Joseph F. Finnegan, Director.

Purpose and Activities: The Federal Mediation and Conciliation Service has one fundamental responsibility and objective—to assist labor and management to achieve and maintain harmonious relations. Mediators of the Service assist in settling

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disputes about wages, hours, and other aspects of the employment relationship that arise in the course of negotiations, without resort to work stoppages. In this work the mediator encourages and promotes better day-to-day relations between labor and management, thereby helping to reduce the incidence of work stoppages resulting from disputes about the terms of collective bargaining agreements and disputes arising from grievances under existing contracts. His efforts are directed toward the establishment of sound and stable labor-management relations on a continuing basis. Issues arising in subsequent negotiations of the parties may then be faced as problems to be settled through mutual effort rather than issues in dispute. The Service possesses no law enforcement authority. Its mediators rely wholly on persuasive techniques of mediation and conciliation to prevent work stoppages, to minimize the length of those which do occur, and to create the kind of labor-management relationships that are essential to future industrial peace. During the last fiscal year the Service closed over 14,000 dispute cases. In about one-half of these cases the Service provided formal mediation, in which mediators participated in negotiations and conducted joint and separate conferences with the disputant parties. In the remainder the degree of participation varied according to the need of the parties and the judgment of the mediator assigned to the case. The Service has a staff of about 210 mediators who are located in seven regional offices and other major industrial cities throughout the nation. The national office in Washington, D.C., is a small unit which establishes policy and coordinates operations.

Fish and Wildlife Service, United States Department of the Interior (1940); Washington 25, D.C.; Arnie J. Suomela, Commissioner.

Activities: The Service deals with the conservation of and public interest in fish and wildlife, including propagation and distribution of food fishes; research on production and utilization of food fishes; compiling and publicizing information relative to the fishery industries; enforcement of federal laws relating to fisheries, including whaling, and to migratory birds and the bald eagle, protecting the seal, sea otter, and other fisheries of Alaska; enforcement of Alaskan game laws; caring for the native populations of the Pribilof (or Fur Seal) Islands; research on the production and utilization of fur animals in the wild; study of the distribution, migrations, and economic relations of mammals and birds; control of predatory animals and injurious rodents and birds; maintenance of federal mammal and bird refuges, including facilities for such public recreational uses as are not inconsistent with

the primary purposes of these areas; and administering federal aid to the states in wildlife and fish restoration.

Food and Drug Administration, United States Department of Health, Education, and Welfare (1927); Washington 25, D.C.; George P. Larrick, Commissioner.

Activities: The Administration is charged with the enforcement of the Food, Drug, and Cosmetic Act and 4 other acts designed to insure the honesty and purity of foods, drugs, devices, and cosmetics entering interstate commerce in order to prevent within federal jurisdiction the sale of products that may be injurious to health, that are filthy or decomposed, that are short in weight or volume, that are falsely labeled as to identity, quality, quantity, or therapeutic efficacy, or that are adulterated in any manner whatsoever.

Periodical: Notices of Judgment (foods, drugs and devices, cosmetics, judicial review of orders, caustic poisons), occasional issues, free. Please indicate in request which series is wanted.

Food Distribution Division, Agricultural Marketing Service, United States Department of Agriculture; Washington 25, D.C.; Martin D. Garber, Director.

Activities: Administers the National School Lunch Program under which states are assisted in the operation and expansion of nonprofit school lunch programs in public and nonprofit private elementary and secondary schools. Also administers the Special Milk Program designed to assist schools and certain other institutions to encourage increased fluid milk consumption by children. The Division plans and directs the donation of surplus foods acquired by the Department to nonprofit school lunch programs and charitable institutions in this country and to needy persons both in this country and abroad. In cooperation with distributive trade groups, the Division plans merchandising programs designed to increase the movement of seasonally plentiful foods through normal trade channels. The Division also provides technical assistance to community and institutional food preservation centers and has certain responsibilities in connection with planning for food supplies during civil defense and other emergencies.

Forest Service, United States Department of Agriculture (1905); Washington 25, D.C.; Richard E. McArdle, Chief.

Purpose and Activities: To conserve and develop the country's forests, and to insure abundant

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future supplies of forest products and the social benefits inherent in productive forest land. Protection of forested watersheds of vital importance to irrigation projects, flood control, and domestic and industrial water supplies is also a major concern of the Service. Through sustained research it aims to develop and expand the technical basis for sound forestry practice, efficient wood utilization, improved range management, and intelligent watershed management. To stimulate good forestry and range practices it cooperates with state agencies in forest fire protection and in giving technical advice and assistance to farmers and other forest and range land owners. It is especially charged with development and management of a system of national forests which now comprise 180,000,000 acres, and include about one-sixth of the forest land available for producing timber of commercial quantity and quality. While certain areas of unusual character are set aside for scenic purposes or watershed protection, the harvest of timber and forage on a sale or free basis is permitted under proper conditions. Timber sales and grazing fees brought \$88,000,000 into the Treasury in the fiscal year 1958. States containing national forests receive 25 per cent of this income. Recreational facilities are maintained in the national forests so that people may enjoy forest outings. In cooperation with the various state fish and game departments, forest wildlife habitat is managed so as to insure wildlife production consistent with other values.

Housing and Home Finance Agency (1947);
1626 K Street, N.W., Washington 25, D.C.;
Norman P. Mason, Administrator.

Activities: The Agency carries out major federal aid programs for private and public housing, urban renewal, home financing, and related community development. It operates, through the Office of the Administrator, five constituent units—the Federal Housing Administration, the Public Housing Administration, the Federal National Mortgage Association, the Community Facilities Administration, and the Urban Renewal Administration.

Major functions of the *Office of the Administrator*, over-all in nature, include: supervising and coordinating activities of constituent agencies and units; planning housing and related facilities needed for defense, disaster, or in event of enemy attack; approving workable programs of localities for overcoming blight; recommending national housing policies and programs and advising regarding their effect on the general welfare. OA also is responsible for operations of the Voluntary Home Mortgage Credit Program

which, under policies set by appointed representatives of the private lending industry, obtains private mortgage financing for qualified borrowers in small towns and for minority borrowers anywhere who are unable to get home financing through local lending institutions. Direct program operations are carried out by constituent agencies and units. The *Federal Housing Administration* administers federal mortgage insurance programs including insurance of mortgage loans on 1 to 4-family homes, rental and cooperative projects, home renovation and improvement, military housing, rehabilitation of existing housing and construction of new housing in urban renewal areas, and low-cost housing for families displaced from such areas or by other government actions. The *Public Housing Administration* administers the low-rent public housing program of federal aid for housing owned and operated by local housing authorities for occupancy by low-income families. PHA also furnishes disposition and management services required to operate and liquidate housing projects in the liquidating emergency housing program, including properties originally built to serve national defense needs. The *Federal National Mortgage Association* provides a secondary mortgage facility to supplement private mortgage resources in shortage areas for the purchase of FHA-insured and VA-guaranteed mortgages. In addition, it provides special assistance through FHA and VA mortgage purchases, as the President may direct, to assist in financing mortgages for special needs, such as cooperative and military housing, housing for redevelopment of blighted areas, and relocation of families from slum clearance and rehabilitation projects, and for stabilizing the mortgage market if the general economic situation should require. The *Urban Renewal Administration* administers the expanded slum clearance and urban renewal program, providing planning advances, loans, and grants to localities for projects to clear and redevelop slums and to rehabilitate and improve blighted areas to prevent slums. URA also administers grants for demonstration urban renewal projects by local communities and for general planning by states, metropolitan areas, and small towns. The *Community Facilities Administration* administers a program of loans to educational institutions of higher learning to finance student and faculty housing and related facilities, public facility loans to state and local governments to finance construction of needed public works, advances to state and local governments for planning public works, and administers liquidation of a number of emergency programs, such as housing and community facilities provided during the war and the Korean emergency.

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Immigration and Naturalization Service, United States Department of Justice (1891); 119 D St., N.E., Washington 16, D.C.; J. M. Swing, Commissioner.

Activities: Under the general direction of the Attorney General, the Commissioner of Immigration and Naturalization supervises and directs the administration of the Immigration and Naturalization Service in the enforcement of the immigration and nationality laws. Those laws cover the admission, exclusion, and deportation of aliens; the naturalization of non-citizens lawfully resident in the United States; the investigation of alleged violations of the immigration and nationality laws; and the submission of evidence of alleged violations to the appropriate United States district attorneys. In addition the Border Patrol, which operates as a part of the immigration force, seeks to detect and prevent the smuggling and surreptitious entry of aliens into the United States in violation of the immigration laws, and to apprehend smugglers of aliens as well as aliens who have effected unlawful entry. The field officers of the Service investigate the qualifications of candidates for citizenship and represent the federal government at the hearings in court of petitions for naturalization. Through cooperation with the public schools and other agencies and organizations, the Service promotes instruction and training in citizenship responsibilities of applicants for naturalization.

Periodical: The I. & N. Reporter, \$1.00 a year or 25 cents a copy.

Institute of Home Economics, Agricultural Research Service, United States Department of Agriculture (1923); Washington 25, D.C.; Dr. Hazel K. Stiebeling, Director.

Activities: This research organization conducts scientific studies of subjects of special concern to the home, including food and nutrition, household economics, textiles and clothing, and housing and household equipment. These investigations are made independently and in cooperation with other federal agencies, state agricultural experiment stations, colleges, and universities. This agency also coordinates the nutrition services available to the public through programs of federal, state, and other organizations. The results of its research are disseminated through technical and popular bulletins, news releases, motion pictures, the radio, and television. Its findings are also taken to homemakers by the federal and state extension services, teachers, social workers, and others working directly with families. It coop-

erates with other governmental and nongovernmental agencies interested in consumers' problems and assists in the establishment of policies directed toward the education and protection of consumers.

Interdepartmental Committee on Children and Youth (1948); c/o United States Department of Health, Education, and Welfare, Washington 25, D.C.; Betty Barton, Executive Secretary.

Purpose and Activities: To assist the federal agencies that have programs affecting the well-being of children and youth to do cooperative work in order that the activities of each agency can reinforce and be aided by those of others in meeting the responsibilities of the federal government toward the young people of the nation. The Committee considers programs and problems of concern to several agencies and conducts cooperative work projects assigned to subcommittees for study and development of recommendations and procedures for implementing action. The Committee was organized in 1948 at the request of the President. The Secretary of Health, Education, and Welfare is chairman and has delegated his responsibilities to the Chief of the Children's Bureau. The membership includes the Departments of Agriculture, Defense, Health, Education, and Welfare, Interior, Justice, and Labor; Administrative Office of the United States Courts, Housing and Home Finance Agency, Selective Service System, United States Information Agency, Veterans Administration. Consultants from the Bureau of the Budget and the President's Council on Youth Fitness serve the Committee. Since 1953 the Committee has been operating an informational exchange for the State and Territorial Committees through an agreement with the National Council of State Committees for Children and Youth. The Committee also is serving as representative of federal agencies in preparation for the 1960 White House Conference on Children and Youth, and for its follow-up after the Conference.

International Cooperation Administration (formerly Foreign Operations Administration); 815 Connecticut Ave., N.W., Washington 25, D.C.; James W. Riddleberger, Director.

Activities: The International Cooperation Administration, a semiautonomous unit in the Department of State, has five major functions: (1) To coordinate the development and administration of all mutual security programs and to assure that the over-all program represents a proper

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balancing of economic, political, and military considerations essential to the security of the United States; (2) to administer all programs of economic assistance to other nations; (3) to administer programs of technical cooperation; (4) to administer the Mutual Defense Assistance Control Act—that is, cooperation with other nations to control trade in materials that would add to the war potential of the Soviet bloc and Communist China; and (5) to carry out emergency programs for relief or rehabilitation as directed by the President.

International Educational Exchange Service, Department of State (1938); Washington 25, D.C.; Donald Edgar, Director.

Activities: Administers the educational and cultural exchange programs authorized by Congress in several legislative acts, the most important of which are Public Law 584, 79th Congress (the Fulbright Act) and 402, 80th Congress (the Smith-Mundt Act). Under these programs approximately 6,000 persons are exchanged between the United States and more than 85 countries of the world each year. The individuals receiving grants include graduate students; elementary and secondary school teachers; university lecturers and research scholars; specialists in a variety of technical and professional fields; and foreign leaders of opinion in government, industry, trade, communications media, labor, women's affairs, education, social welfare, and the arts. The National Social Welfare Assembly has a contract with the Department of State to provide program services to certain visiting foreign grantees interested in social work and related fields.

International Service, Social Security Administration, Department of Health, Education, and Welfare; Washington 25, D.C.; Dorothy Lally, Chief.

Purpose and Activities: The International Service is the focal point in the Social Security Administration for international cooperative activities. Assistance is given to the Department of State in development of international social welfare policy in preparation for international and regional meetings in the social field; training and program planning services are provided to international trainees and visitors; recruitment and backstopping services are available for social welfare experts assigned overseas through the International Cooperation Administration; data are collected and analyzed for research projects and other technical exchange with international organizations and other countries.

National Labor Relations Board; Washington 25, D.C.; Boyd Leedom, Chairman; Stuart Rothman, General Counsel.

Activities: The National Labor Relations Board is an agency of the federal government created by Act of Congress and composed of a Board of five members and an independent General Counsel. The Board members and the General Counsel are each appointed by the President, with consent of the Senate, for terms fixed by law. The agency administers the National Labor Relations Act of 1935, as amended in 1947 and 1951, which is known also as the Labor Management Relations Act or, more commonly, the "Taft-Hartley Law." The Act guarantees employees the right to engage in group activities aimed at collective bargaining about wages, hours, or working conditions, if they wish. The Act also prescribes certain limits on the conduct of employers and labor unions and forbids conduct going beyond these limits as being "unfair labor practices." In addition, the Act provides for elections among employees to determine whether or not they wish to bargain with their employer through a group representative. The Act also provides for polls of employees covered by a union-shop agreement to determine whether or not they wish to revoke the union's authority to make such an agreement. The General Counsel has final authority over the investigation and prosecution of unfair labor practice charges before the Board. However, such charges must first be filed by private parties. The five-member Board is the decisional arm of the agency in such cases. Whenever the General Counsel issues a formal complaint, the Board members determine whether or not there has been an actual violation of the Act. Such decisions are made only after the General Counsel and the party charged have had opportunity at a public hearing to present evidence and cross-examine witnesses. Decisions of the Board members may be appealed to the appropriate U.S. Court of Appeals. The five-member Board has final authority to determine whether or not a representation election should be conducted among employees. Such an election is held only if an employer, employees, or a union file a petition asking for it. The agency maintains 23 regional offices and 7 subregional offices in the United States and the Commonwealth of Puerto Rico, to receive and investigate unfair practice charges and petitions for elections.

National Park Service, United States Department of the Interior (1916); Washington 25, D.C.; Conrad L. Wirth, Director.

Activities: Under congressional mandate, the Service administers the national parks, national

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monuments, and other areas of the National Park System in conformance with the fundamental purpose of such areas. This purpose is to conserve the scenery and the natural and historic objects and the wildlife therein and to provide for the enjoyment of the same in such manner and by such means as will leave them unimpaired for the enjoyment of future generations. In addition the Service, under cooperative agreements with other federal agencies, administers 3 recreational areas adjacent to dams in western states. It also cooperates with other federal agencies and with state governments in developing coordinated and adequate public park, parkway, and recreational area facilities and supplies administrative and professional services to the agencies responsible for the operation of non-federally owned national historic sites. In 1956, the National Park Service inaugurated MISSION 66, a comprehensive park conservation and development program, so designated since it is to be completed in 1966, the Service's fiftieth anniversary year.

Office of Civil and Defense Mobilization (1958); Washington 25, D.C.; and Battle Creek, Michigan; Leo A. Hoegh, Director.

Purpose and Activities: OCDM was created July 1, 1958, by Reorganization Plan 1-58, which provided for the consolidation of the Federal Civil Defense Administration and the Office of Defense Mobilization in the Executive Office of the President. The Director, acting for the President, directs the civil defense and defense mobilization activities of the Federal Government, viz., (1) protection of life and property by preparing for, and carrying out, nonmilitary functions to prevent, minimize, repair, and recover from injury and damage, and (2) mobilization and management of resources and production. The Director of OCDM also has responsibility for the coordination of all Federal Government relief activities in natural disasters.

Office of Education, United States Department of Health, Education, and Welfare (1867); Washington 25, D.C.; Lawrence G. Derthick, Commissioner.

Purpose and Activities: To collect statistics and facts to show the condition and progress of education in the several states and outlying parts; to diffuse such information through consultations, conferences, and publications; and otherwise to promote the cause of education throughout the country. The Office acts as a national clearinghouse of information in all fields of educational

activity and cooperates with national organizations, state departments of education, and other educational institutions. Under the general direction of the Commissioner and the Deputy Commissioner the activities of the Office are carried on through the following six program divisions: School Assistance in Federally Affected Areas, Higher Education, International Education, State and Local School Systems, Vocational Education, and the Statistics and Research Services. Auxiliary services are carried on in three staff branches: Administrative Management, Legislative Services, and Publications Services. The federal program of vocational education is administered by the Office under provisions of the Smith-Hughes and George-Barden Acts providing grants-in-aid to the states. The Office is also responsible for the supervision of expenditures of funds appropriated by Congress for land grant colleges under provisions of the Second Morrill Act and subsequent legislation. The Office also administers Public Laws 815 and 874, 82nd Congress, which authorize federal financial assistance for school construction, and school maintenance and operation in federally-affected areas as well as the National Defense Education Act of 1958. The Office of Education publishes bulletins, statistical reports, and other materials on all levels and aspects of education.

Periodicals: Higher Education, monthly September through May, 75 cents a year; School Life, monthly September through May, \$1.00 a year.

Office of International Activities, United States Department of Health, Education, and Welfare (1946); Washington 25, D.C.; Robert A. Kevan, Department Coordinator of International Affairs; Mrs. Gertrude Gates, Assistant Department Coordinator of International Affairs.

Activities: The Office coordinates the international activities of the Department of Health, Education, and Welfare including the formulation of foreign policy in the fields of education, health, vocational rehabilitation, social welfare, and related fields. It establishes and maintains cooperative relationships and acts as liaison with the Department of State and other federal departments, organized groups, and, through the Department of State, as appropriate with the United Nations and other international agencies concerned with the international phases of health, education, welfare, social insurance, and vocational rehabilitation. It coordinates the activities of the various branches of the Department concerned with the international educational and technical exchange programs.

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Office of International Economic and Social Affairs, United States Department of State (1949); Washington 25, D.C.; Walter M. Kotschnig, Director.

Activities: The Office is responsible for analyzing, interpreting, and formulating policy with respect to social welfare and related developments in the United States and abroad as they may affect the foreign policy of the United States, other governments, and international relationships generally. The office is responsible for the coordination of United States economic and social policies and programs pertaining to the General Assembly of the United Nations and the Economic and Social Council, its subsidiary bodies, and the specialized agencies. It has substantive responsibility regarding relationships of nongovernmental international organizations to the United Nations and its specialized agencies and for social, health, human rights, and freedom of information matters pertaining to both bilateral and multilateral aspects of United States foreign policy. The Office also has responsibility for refugee programs in the United Nations and its specialized agencies.

Office of Special Consular Services, United States Department of State (1939); State Annex 5, Washington 25, D.C.; Allyn C. Donaldson, Director.

Activities: The Office receives and handles inquiries from United States citizens involving the protection of property rights in foreign countries, the determination of the whereabouts and welfare of individuals, the repatriation of United States citizens where abnormal conditions interfere with their return, and other questions relating to the personal interests abroad of American citizens wherein the Government's assistance is sought. It maintains liaison for the State Department with the American Red Cross, American Graves Registration Service, and American Battle Monuments Commission on matters falling within the purview of those organizations which affect the foreign policy of the Government.

Office of Statistical Standards, Bureau of the Budget, Executive Office of the President (1940); Executive Office Bldg., Washington 25, D.C.; Raymond T. Bowman, Assistant Director of the Budget in Charge of Statistical Standards.

Purpose and Activities: To plan and promote the improvement, development, and coordination of federal statistical services; and to eliminate duplication therein. The Office is authorized to

make such investigations of existing or proposed statistical work as may be deemed necessary or advisable, and it has power to demand submittal to it of all materials bearing upon the statistical work of the several departments and agencies of the federal government. No questionnaire or report form may be used by a federal agency subject to the Federal Reports Act of 1942, unless it has been approved by the Office and such approval must be indicated on the form by means of an official Bureau approval number.

Office of Vocational Rehabilitation, United States Department of Health, Education, and Welfare (1943); Washington 25, D.C.; Mary E. Switzer, Director.

Purpose and Activities: To assist states in developing and providing vocational rehabilitation services to help physically and mentally handicapped persons achieve the independence and dignity associated with productive employment in accordance with their individual capacities. The state programs aid men, women, and youths who are handicapped vocationally by any type of disability whether it arises from disease, injury, congenital impairment, or disablement in industry, and who may be enabled to work as a result of vocational rehabilitation. Services are provided for civilians and, also, for veterans whose disability is not service-connected or whose entitlement to veterans rehabilitation services has expired.

Individuals may be provided with any service necessary for their vocational rehabilitation: (1) comprehensive evaluation, including medical study and diagnosis; (2) medical, surgical, and hospital care, and related therapy to remove or reduce the disability; (3) prosthetic devices; (4) counseling and guidance in achieving a good vocational adjustment; (5) training; (6) service in comprehensive or specialized rehabilitation facilities, including adjustment centers; (7) maintenance and transportation during rehabilitation; (8) tools, equipment, and licenses for work on a job or in establishing a small business; (9) placement on a job, and post-placement follow-up; (10) other necessary services. Services numbered 1, 4, 5 (in most states), and 9 are furnished without cost to the individual. The disabled person participates in the cost of the other listed services to the extent he is able to pay. Counseling, vocational evaluation and guidance, and placement are provided directly by staff of the state agency which usually purchases the other services from established sources. State agencies also (a) provide employment opportunities in vending stands and other small enterprises for the blind and other severely disabled persons, (b) may use grant-in-aid funds to establish rehabilitation fa-

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cilities and workshops under public or private auspices, and (c) under agreements with the Bureau of Old-Age and Survivors Insurance in all but four states, make determinations of disability of individuals applying for disability freeze and disability cash benefits. The program operates in each state and territory, administered by a state vocational rehabilitation agency with the aid of federal grants. In 36 states, services for the blind are administered by a separate agency or commission for the blind. The federal program additionally includes (a) grants to public or voluntary non-profit organizations to foster research into rehabilitation problems of wide concern and demonstration of rehabilitation methods, and (b) grants to educational institutions for training and traineeships to help increase the supply of professional personnel in the fields needed in rehabilitation of the disabled.

President's Committee on Employment of the Physically Handicapped (1947); Washington 25, D.C.; Maj. Gen. Melvin J. Maas, USMCR, Ret., Chairman.

Purpose and Activities: To provide a continuing program on a day-to-day basis of public information and education designed to provide increased employment of the handicapped in productive, tax-paying jobs, free of public or private assistance; to achieve, through promotion and voluntary cooperation among its members, a maximum of gainful employment and economic security for the handicapped; and to promote better understanding and cooperation among federal, state and other government agencies and private organizations and individuals regarding the problems of the millions of handicapped Americans. The Committee's program includes recommendations for management-labor employment institutes, expositions, awards of merit, essay contests, local and state citizens committees, and other methods of calling to public attention the employability of the handicapped. The Committee is composed of private citizens and responsible representatives of some 430 of America's national associations or private groups in the fields of management, labor, information media, and professional, fraternal, veterans', women's, religious, and other affairs.

Periodical: *Performance, The Story of the Handicapped*, monthly, free.

President's Committee on Migratory Labor (1954); U.S. Dept. of Labor Bldg., Washington 25, D.C.; Frank A. Potter, Executive Director.

Activities: Provides leadership in improving the social and economic welfare of domestic labor-

tory farm workers. Extends aid to the various federal agencies in mobilizing and stimulating more effective programs and services for migrants, and in providing service to state and local areas.

Periodicals: *Migratory Labor Notes*, 4 to 6 times a year, free.

President's Council on Youth Fitness (1956); Room 4830, 441 G St., N.W., Washington 25, D.C.; Shane MacCarthy, Executive Director.

Activities: The Council is concerned with developing a broad understanding of the essentiality of the mental, emotional, social, spiritual, and physical qualities of fitness. It urges all public, private, and particularly professional organizations to assist communities in uniting their multiple disciplines toward a coordinated fitness effort. By encouraging national and local organizations, as well as communities, to reappraise their own undertakings, the Council believes that a result will be an increase in qualified leadership, and expansion of programs to provide greater opportunities and incentives for each youth to realize his own optimum level of fitness.

Periodicals: *Fitness in Action* (newsletter), monthly; *Fitness of American Youth*, annually, 25 cents a copy.

Public Health Service, United States Department of Health, Education, and Welfare (1798); Washington 25, D.C.; Leroy E. Burney, M.D., Surgeon General.

Activities: The Public Health Service is the principal federal health agency. Its major organizational units include the Office of the Surgeon General, National Institutes of Health, Bureau of Medical Services, and Bureau of State Services. Its National Library of Medicine is the largest medical library in the world, and makes medical literature—including foreign-language publications—available throughout the country. The Service cooperates with the states in the development of public health services through grants-in-aid, technical assistance, and expert consultation; provides medical care for merchant seamen, members of the Coast Guard and their dependents and other designated beneficiaries, and is responsible for health and medical care of American Indians and Alaska natives. Programs of the Service include the prevention and control of communicable and chronic diseases; occupational health; mental health; environmental health and sanitation, particularly water and air pollution

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control; hospital and medical facilities survey and construction; grants for training of doctors, nurses, and public health specialists; radiological health protection; and compiling population-wide health statistics through the National Health Survey. Each of the National Institutes of Health conducts research into the causes of illness and methods for preventing and treating specific diseases such as heart disease, cancer, mental illness, allergies, and infectious diseases; through grants and fellowships, aids non-federal institutions and investigators engage in research, and aids in the construction of health research facilities. Foreign and interstate quarantine is a legal responsibility of the Service, the latter being carried out mainly through the cooperation of state health authorities. The manufacture of biologic products sold in interstate commerce is controlled and licensed by the Service. Reports on the incidence of disease and disabling conditions, vital statistics, scientific studies, and other subjects relating to public health are published. The Service also studies and analyzes health resources and facilities, provides advice in the health aspects of defense planning, and helps staff health missions to foreign countries. The Service cooperates with other federal agencies in activities relating to health and sanitation including medical service to the Bureau of Prisons, Maritime Administration, Bureau of Employees Compensation, and the Department of State.

Periodicals: Public Health Reports, monthly, \$4.25 a year; Journal of the National Cancer Institute, monthly, \$20 a year; Public Health Engineering Abstracts, monthly, \$2.00 a year; Vital Statistics of the United States, yearly, price varies; Monthly Vital Statistics Report, general free circulation; Morbidity and Mortality Weekly Report, general free circulation; Vital Statistics—Special Reports (national summaries), general free circulation; Current List of Medical Literature, monthly, \$15 a year; U.S. National Health Survey publications, price varies. The Service also publishes directories, bibliographies, health information leaflets, technical reports, and recommendations on a wide variety of topics relating to modern public health practice and research.

Railroad Retirement Board (1935); 844 Rush St., Chicago 11; Howard W. Habermeyer, Chairman.

Activities: The Board administers (1) the Railroad Retirement Act, which provides a retirement system for the payment of pensions and retirement and disability annuities to railroad employees, annuities to their aged spouses, and annuities or other benefits to their survivors; and

(2) the Railroad Unemployment Insurance Act, which provides a correlated unemployment insurance-employment service system for paying unemployment, maternity, and sickness benefits to and securing the reemployment of unemployed railroad employees.

Rural Electrification Administration, United States Department of Agriculture (1935); Washington 25, D.C.; David A. Hamil, Administrator.

Activities: This agency promotes rural welfare by making loans to finance electric and telephone systems in rural areas. It operates no electric or telephone facilities. Under the Rural Electrification Act, REA is authorized to lend funds to cooperatives, public utility districts, municipalities, or commercial utility companies to finance electric generation, transmission, and distribution facilities in order to bring electricity to persons in rural areas not receiving central station electric service. The Act also authorizes loans to finance the wiring of rural establishments and the purchase of electrical equipment by those receiving service. Loans for telephone service may be made for either extension or improvement of service. More than 93 per cent of all REA electrification funds have been lent to locally owned, member-controlled cooperatives organized under state laws by rural people. Retail rates of cooperative borrowers are based on cost, with allowance for repayment of the government loan. More telephone loans have been made to commercial companies than to non-profit companies. All REA loans have a maximum amortization period of 35 years and an interest rate of 2 per cent.

Selective Service System; 451 Indiana Ave., N.W., Washington 25, D.C.; Lt. Gen. Lewis B. Hershey, Director.

Purpose and Activities: The Selective Service System was established by Congress as a manpower procurement agency for the armed forces on the principle stated in the Selective Service Act as follows: The Congress hereby declares that an adequate armed strength must be achieved and maintained to insure the security of this Nation. The Congress further declares that in a free society the obligations and privileges of serving the armed forces and the reserve components thereof should be shared generally, in accordance with a system of selection which is fair and just, and which is consistent with the maintenance of an effective national economy.

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Social Security Administration, United States Department of Health, Education, and Welfare (1946); successor to Social Security Board (1935); Washington 25, D.C.; William L. Mitchell, Commissioner.

Purpose and Activities: To administer the federal program of old-age, survivors, and disability insurance; to carry out federal responsibilities under the Social Security Act for grants to states for old age assistance, aid to dependent children, aid to the blind, aid to the permanently and totally disabled, maternal and child health services, services for crippled children, and child welfare services; and to administer the federal credit union program. The Social Security Administration makes studies and recommendations on the most effective methods of providing economic security through social insurance and related measures, on matters of administrative efficiency and policy concerning public assistance, and on matters pertaining to children and child life. The 4 program bureaus of the Administration are Old-Age and Survivors Insurance, Public Assistance, Children's Bureau, and Bureau of Federal Credit Unions. The first three of these Bureaus are listed separately in this section of the DIRECTORIES OF AGENCIES. Operations under the various programs are decentralized to provide regional and local service to workers under the old-age, survivors, and disability insurance program and the federal credit union program, and to state agencies administering social welfare programs.

Periodical: Social Security Bulletin, monthly, \$2.75 a year.

Social Service Consultant, Professional Division, Office of the Surgeon General, Department of the Army (1945); Washington 25, D.C.; Lt. Colonel Harry J. Adams, MSC, Chief.

Mission and Activities: Acts in the capacity of Social Service Consultant to the Office of the Army Surgeon General on all matters pertaining to social service in the Army Medical Service; develops a core of highly trained Regular Army officers for a full-time active career in social service and a reservoir of Reserve officers for utilization during any National Mobilization; assists in the procurement and assignment of officer, civilian, and enlisted social service specialists; develops and supervises programs in Army clinical social service; conducts regular inspections of clinical social service programs at Army medical facilities and recommends such action necessary for the maintenance of highest standards of professional practice; stimulates research activi-

ties; and acts in liaison capacity with professional public and private associations and organizations for the purpose of consultation and interpretation of the Army Social Service Program.

Tennessee Valley Authority (1933); New Sprinkle Bldg., Knoxville, Tenn.; Herbert D. Vogel, Chairman, Board of Directors; A. R. Jones, Director.

Purpose: To develop the Tennessee River System in the interests of navigation, flood control, and electric power; to sell electric power in such manner and at such rates as to encourage the wider use of such power, particularly among rural and other domestic consumers, while recovering the cost thereof; to develop new and improved plant foods to be used in encouraging the conservation and improvement of the fertility of the country's soil; to promote improved agricultural and forestry practices in the Tennessee Valley region; to encourage the industrial development of the region through surveys of resources and research on processes and machinery; to conduct surveys and make plans for the conservation and development of the natural resources of the region and adjoining territories, which may be related to or materially affected by the Authority's program or activities, as a basis for future legislation or other action to promote such conservation and development by Congress or by state authorities; and to maintain its properties in the interests of national defense.

United States Air Force Psychiatric Social Work Program, Consultants Division, Directorate of Professional Services, Office of the Surgeon General, Department of the Air Force (1949); Washington 25, D.C.; Captain Isaiah M. Zimmerman, USAF (MSC), Administrator.

Activities: Advises the Surgeon General of the U.S. Air Force on all matters pertaining to psychiatric social work within the total medical service program. Monitors standards of clinical practice; enables and assists in programming research and teaching activities in the field. Advises on selection for appointment, and on assignment of social work officers; periodically reviews personnel standards and practices. Reviews and makes recommendations on projected expenditures for research, construction, and training projects. Recommends appointment of civilian and military consultants. Coordinates research and clinical activities with the psychiatry and neurology specialty programs. Reviews and makes recommendations in appeal cases involving patients with

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special problems requiring interpretation of basic policies regarding care and disposition. Acts in a liaison capacity, and provides consultation and interpretation to public and private organizations in the field of mental health.

United States Civil Service Commission (1883); 8th and F Sts., N.W., Washington 25, D.C.; Roger W. Jones, Chairman.

Purpose and Activities: To act as the recruiting agency for the federal civil service, and to administer other provisions of the civil service laws and rules. Examinations are held for practically every occupation. Information concerning announced examinations may be obtained from the civil service information representative at many post offices.

United States Department of Labor (1913); 14th St. and Constitution Ave., N.W., Washington 25, D.C.; James P. Mitchell, Secretary of Labor.

Activities: The Department is charged with the duty of fostering, promoting, and developing the welfare of the wage-earners of the United States; and improving their working conditions, and advancing their opportunities for profitable employment. The Secretary has authority to direct the collecting and collating of full and complete statistics on the conditions of labor and to call upon other departments of the government for statistical data and results obtained by them and to collate, arrange, and publish such statistical information so obtained in such manner as may seem wise. The Secretary's duties include the administration of the Fair Labor Standards and Public Contracts Acts; the administration of federal activities with respect to employment services and unemployment insurance; and the gathering and publication of information regarding labor interest and labor controversies. The following subdivisions of the Department are listed separately in this section of the **DIRECTORIES OF AGENCIES**: Bureau of Employees' Compensation, Bureau of Employment Security, Bureau of Labor Standards, Bureau of Labor Statistics, Bureau of Veterans' Reemployment Rights, Wage and Hour and Public Contracts Division, and Women's Bureau. In addition, the Department contains the Bureau of Apprenticeship and Training and the Employees' Compensation Appeals Board.

Periodical: Monthly Labor Review, published by the Department's Bureau of Labor Statistics.

United States Mission to the United Nations (1946); 2 Park Ave., New York 16; Ambassador Henry Cabot Lodge, Chief.

Activities: The Mission represents the United States at the headquarters of the United Nations. It is the base of operations for the United States Representative to the United Nations, who is also the Representative on the Security Council; the Deputy Representative to the United Nations; the Deputy Representative on the Security Council; the Representative on the Trusteeship Council; and the Representative on the Economic and Social Council. The Mission is also the base of operations for the United States Delegation to the sessions of the United Nations General Assembly. Operated like an embassy, its permanent staff is administered by the Chief of Mission with the assistance of a Minister-Counsellor and an Executive Director and consists of advisors on international affairs, supplemented by State Department personnel during UN meetings. The Mission provides the Department of State with day-to-day contact with the UN Secretariat and with the permanent missions maintained by 80 UN member nations in New York. A Public Affairs Office distributes press releases containing full texts of major statements on UN problems delivered by United States spokesmen in the world organization. In addition it provides a limited amount of literature on United States participation in UN and the work of the UN itself. This office maintains liaison with national citizen organizations having observers at UN Headquarters. Briefings on United States policy in UN are arranged through the Public Affairs Office from time to time for educational groups and civic organizations.

United States National Commission for UNESCO (1946); c/o Department of State, Washington 25, D.C.; Ralph Hilton, Executive Secretary.

Membership: There is a statutory limitation of 100 members. Forty of these members are appointed on the initiative of the Secretary of State, of which not more than 10 may hold office under or be employed by the Federal Government, not more than 15 may represent the educational, scientific, and cultural interests of state and local governments, and not more than 15 shall be members chosen at large; and 60 are representatives of national voluntary organizations selected by the National Commission.

Purpose and Activities: The Commission advises the Government of the United States in matters relating to UNESCO; it acts in a consultative

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capacity with regard to the appointment of United States delegates to the General Conferences of UNESCO; it advises with the Delegations of the U.S. to the General Conferences with regard to the activities of UNESCO; it serves as an agency of liaison with organizations, institutions, and individuals in the United States which are interested in matters relating to the activities of UNESCO; it promotes an understanding of the general objectives of UNESCO on the part of the people of the United States.

Periodical: Newsletter, bi-weekly, free.

United States Probation System, Administrative Office of the United States Courts (1925); Supreme Court Bldg., Washington 25, D.C.; Louis J. Sharp, Chief of Probation.

Activities: The Federal Probation System is charged with the following responsibilities: investigation of the personal life and the social background of offenders appearing before the United States district courts and furnishing reports thereon, which are of assistance to the judges in shaping sentence and to the federal penal and correctional institutions in the treatment of offenders committed; supervision of those selected for probation treatment; supervision of persons released from federal institutions on parole or mandatory release; supervision of military parolees; investigation and supervision of youth offenders (17 through 21) under the jurisdiction of the Youth Correction Division of the United States Board of Parole; and diversion of juvenile offenders to local juvenile courts with adequate facilities for handling juvenile problems.

Periodical: Federal Probation, quarterly, free.

Veterans Administration (1930); Vermont Ave. between H and Eye Sts., N.W., Washington 25, D.C.; Sumner G. Whittier, Administrator.

Activities: The Veterans Administration administers laws relating to benefits provided for former members of the military and naval forces. It is responsible for extending such benefits to veterans and to dependents of deceased veterans of all wars, and to veterans and to dependents of deceased veterans who served in the government military and naval establishments during time of peace, as provided for by various acts of Congress. These laws cover, in addition to compensation, pensions, vocational rehabilitation and education, and guarantee of loans for farms, homes, and business enterprises, the following benefits: National Service and United States Government life insurance; death benefits; emergency and certain

other officers' retirement pay; and physical examinations, hospital and out-patient treatment, or domiciliary care. The central office is in Washington; at least one regional office is located in each state; and there is one regional office each in the Philippines and Puerto Rico. Three district offices and an insurance center handle insurance and death claims. As of June 1958 the Veterans Administration was operating 172 hospitals with over 140,000 patients treated daily. In addition, 2,982 (daily average) veterans were hospitalized in civil, state, and other government hospitals and 16,673 (daily average) veterans were receiving domiciliary care. As of the same date, 2,850,475 living veterans and the dependents of 884,428 deceased veterans were receiving pension, compensation, or emergency officers' retirement benefits.

Wage and Hour and Public Contracts Divisions, United States Department of Labor (1942); Washington 25, D.C.; Clarence T. Lundquist, Administrator.

Purpose and Activities: To administer and enforce the Fair Labor Standards Act of 1938 and the Walsh-Healey Public Contracts Act of 1936. The duties and responsibilities of the Divisions in administering the Fair Labor Standards Act are to see that employees engaged in interstate commerce, or in producing goods for interstate commerce, or in any process or occupation closely related and directly essential to the production of goods for interstate commerce, are compensated in conformity with the wage and hour standards which include a \$1.00 an hour minimum wage and payment of at least time and one-half the regular rate of pay for hours over 40 in the work week. With respect to the wage and hour standards, the Secretary of Labor is authorized to bring suit for back wages due, and to enjoin employers from further violations, and to bring suit to enjoin the shipment in interstate commerce of goods produced in violation of the Act. The Divisions are required to perform such functions as are necessary or appropriate to obtain compliance with the child labor provisions of the Fair Labor Standards Act, which set a minimum age of 16 years for general employment, with 18 as the minimum for occupations designated hazardous by the Secretary of Labor. Under the Walsh-Healey Act the minimum wages required are those which have been determined by the Secretary of Labor to be the prevailing minimum wage rates for specific industries, overtime pay is required, child labor is restricted, and convict labor prohibited. The Act imposes severe liabilities for violation.

National Agencies—Governmental

Women's Bureau, United States Department of Labor (1920); Washington 25, D.C.; Mrs. Alice K. Leopold, Assistant to the Secretary of Labor, Director.

Activities: The Women's Bureau of the U.S. Department of Labor was established by Congress in 1920. Its objective is to advance the welfare and status of women as workers and citizens and to help them increase their contributions to the economy.

Women workers also are served by other bureaus of the Department of Labor as well as by the Women's Bureau. The enlarged program, which gives increasing attention to the concept of womanpower as a national resource, is directed and coordinated by the Assistant to the Secretary of Labor, who also is Director of the Women's Bureau.

The Women's Bureau collects and interprets facts on women's opportunities for employment, their earnings, their vocational guidance and training, and contribution to the national economy. It develops programs dealing with women's

civil and political status, equal pay, minimum wage, shortage occupations, and standards of working conditions for women. The Bureau supplies technical assistance and information to women's organizations, civic groups, educational institutions, unions and management, and federal and state agencies on matters pertaining to women as workers and as citizens. The Bureau helps to increase mutual understanding between the United States and other countries by conducting and cooperating in exchange programs for women, and by supplying information on the status of women in this country; and by providing technical assistance to international organizations concerned with the social and economic status of women in the United States and other countries.

Implementing the work of the Bureau's headquarters staff is a field staff, which was authorized by the Congress in 1957. Field representatives work with community groups on specific projects related to women, as workers and as citizens. As a continuing activity, they report on new developments pertaining to women as workers and as members of various organizations.

NATIONAL AGENCIES—VOLUNTARY

Note: Inclusion of an agency in this list signifies only that its announced purpose and activities place it within the scope of the volume; it does not indicate endorsement of an agency's work by National Association of Social Workers, the Editor of the *Social Work Year Book*, or the Advisory Committee.

If readers desire to refer to the listing of an agency and do not know its exact name, use may be made of the INDEX. Agencies are there grouped under the topics to which each is significantly related. For example: the Council on Social Work Education is listed under "Education for Social Work" and "Social Work as a Profession" (both titles of topical articles in PART Two) as one of the agencies particularly active in these fields.

In the following list the date appearing in parentheses after the title of the agency is the year in which the organization was established. Inclusion of "Inc." in an agency's name does not necessarily mean that it is part of the agency's official title, but merely that the agency is incorporated. In most instances the membership figures given in this list are approximate. If no membership restrictions are indicated for an agency, it may be assumed that its membership is open to the public. This list is believed to be accurate as of October 1959.

Adult Education Association of the United States of America (1951); 743 North Wabash Ave., Chicago 11; Glenn S. Jensen, Executive Director.

Membership: Individuals, 5,500; organizations, 100. Membership is open to all individuals and organizations (national organizations through the Council of National Organizations of the AEA) interested in the field of adult education.

Purpose and Activities: To further the concept of education as a process continuing throughout life; to promote and develop adult education in the United States by affording opportunities to professional and nonprofessional adult educators to increase their competence, and by encouraging and assisting organizations and agencies concerned with adult education to develop adult education activities and to work together in the interests of adult education; to receive and disseminate information about adult education; to promote the balanced development of educational services for adult persons in the United States; to cooperate with adult education agencies internationally; to do any and all lawful things necessary, suitable, and proper for the promotion and development of adult education or for the accomplishment of any of the other purposes hereinabove set forth. The AEA conducts its program through conferences, committees, projects, and publications. Affiliated with the Association are two organizations, the National Association of Public School Adult Educators and the Council of National Organizations.

Present special projects operating under foundation grants include: the development of a Handbook on Adult Education; research in the implications of adult education for school architecture; professionalization of the field of adult education; development of adult education in public schools; adult education and civil defense; joint planning among national voluntary organizations; and professional and volunteer training.

Periodicals: Adult Leadership, a monthly leadership training magazine; Adult Education, a quarterly professional journal; and periodic research reports.

AFL-CIO Community Service Activities (1955); 9 East 40th St., New York 16; Leo Perlis, Director.

Activities: Include direction and coordination in fund-raising activities among AFL-CIO members under policies established by the Convention and Executive Council, in the fields of health, welfare, recreation, and relief; development and application of policies, plans, and programs in the fields of health, welfare, and recreation; development of relationships with organizations in the fields of fund raising, health, welfare, and recreation; and direction and coordination of the union counseling and consumer counseling program through central labor bodies, of AFL-CIO activities in the field of international social work, and of community programs and projects of

National Agencies—Voluntary

health, welfare, and recreation. Committee members are appointed by the president of the AFL-CIO of which it is an integral part.

Alcoholics Anonymous (1935); c/o General Service Board of AA, Inc., P.O. Box 459, Grand Central Station, New York 17.

Membership: Approximately 250,000 in 7,900 groups throughout the world. Membership is open to any alcoholic who wishes to stop drinking.

Purpose: To help the sick alcoholic if he so wishes. The Fellowship is made up of members who have recovered from alcoholism and in sharing their recovery, help others to achieve sobriety.

Publications: Alcoholics Anonymous, \$4.50; AA Comes of Age, \$4.00; Twelve Steps and Twelve Traditions, \$2.75. Monthly journal: The AA Grapevine, \$3.50 a year (P.O. Box 1980, Grand Central Station, New York 17, N. Y.).

Alexander Graham Bell Association for the Deaf, Inc. (1890); formerly Volta Speech Association for the Deaf, Inc., 1537 35th St., N.W., Washington 7, D.C.; Jeanette Ninas Johnson, Executive Secretary.

Membership: Individuals, 3,500.

Purpose and Activities: To assist schools for the deaf in their efforts to teach speech and lip-reading, to provide information for parents of deaf children, and to maintain a reference library on deafness and those handicapped by deafness of any degree. The Association has organized a national Parents' Section with affiliated membership for parent groups.

Periodical: Volta Review, monthly except July and August, \$5.00 a year.

Alliance for Guidance of Rural Youth, Inc. (1914); 1201 16th St., N.W., Washington 6, D.C.; Dr. Howard A. Dawson, President.

Membership: Individuals, 100; organizations, 30.

Purpose and Activities: The Alliance for Guidance of Rural Youth is a national service organization that helps to bring about adequate guidance for rural children and youth. As a technical consultant agency, invited by local, county, or state authorities, the Alliance assist in guidance workshops and experimental programs and demonstrations. The interest and cooperation of na-

tional agencies and organizations—both public and private—are enlisted in this work. Findings of research conducted in relation to demonstrations and of discussions at institutes and forums are published and distributed.

American Academy of Political and Social Science, Inc. (1889); 3937 Chestnut St., Philadelphia 4; Dr. James C. Charlesworth, President.

Membership: Individuals, libraries and institutions, 14,800.

Purpose and Activities: To provide a national forum for the discussion of political, social, and economic problems. The principal means to that end are publications and meetings. An annual meeting takes place, usually in April, and other gatherings are held as occasion arises. The Academy publishes occasional monographs and pamphlets.

Periodical: The Annals, bimonthly, to members, \$7.00 a year in paper, \$12 in cloth; to student members, \$5.00 a year; to nonmembers, \$2.00 a copy in paper, \$3.00 in cloth.

American Association for Health, Physical Education and Recreation (a department of the National Education Association) (1885); 1201 Sixteenth St., N.W., Washington 6, D.C.; Carl A. Troester, Jr., Executive Secretary-Treasurer.

Membership: Individuals, 21,000; national organization, 18; state organizations, 51; local, 350. Regular membership is limited to those professionally engaged in one or more aspects of health, education, physical education, or recreation. Associate membership is open to those interested in the support of programs in these three areas.

Activities: Publishes periodicals, books, and pamphlets and produces films in the areas of health education, physical education, and recreation; maintains a consultative service for members of AAHPER and NEA; initiates educational projects; holds conferences and workshops and state, district, and national conventions; conducts surveys; and maintains a placement service for members.

Periodicals: Journal of Health—Physical Education—Recreation, monthly September through May, regular \$10, professional \$15, student \$3.50, student professional \$6.00 a year; Research Quarterly, \$5.00 a year to libraries and institutions.

National Agencies—Voluntary

American Association for the United Nations, Inc. (1923); 345 East 46th St., New York 17; Clark M. Eichelberger, Executive Director.

Membership: Individuals, 45,000; chapters, 38 state and 200 local.

Purpose and Activities: To carry on an educational program of building an alert and well informed American public opinion in support of the United Nations. Nationally and locally, the Association carries on programs for the community using speakers' bureaus, literature, discussion group projects, information centers, etc. Special projects include observance of United Nations Week in October each year, and the Conference of National Organizations on the United Nations in the spring. The Collegiate Council for the United Nations is the college affiliate of the AAUN, with chapters on 200 campuses.

Periodicals: AAUN-News, monthly, and Peoples Section Question-of-the-Month, nine times a year; both included in \$5.00 membership fee.

American Association of Marriage Counselors, Inc. (1943); 104 East 40th St., New York 16; Janet Fowler Nelson, Ph.D., Secretary.

Membership: Individuals, 216. Membership, both active and associate, is open to marriage counselors meeting specified requirements.

Purpose and Activities: To establish and maintain professional standards in marriage counseling, by means of meetings, clinical sessions, and research in this field. The Association, as such, does not operate any clinical services although the membership is individually active clinically. Information, when available in the Association files, is given in answer (a) to inquiries for referral to competent and ethical marriage counselors throughout the United States and (b) to inquiries concerning standards and training for this field of counseling.

American Association of Psychiatric Clinics for Children (1946); 250 West 57th St., New York 19; Dr. Othilda Krug, President.

Membership: Organizations, 124 psychiatric clinics for children. Membership is open to clinics meeting specified requirements.

Purpose and Activities: To provide for coordination of activities of psychiatric clinics serving children in the United States, its territories, and the Dominion of Canada; to help maintain the highest possible standards of clinic practice; to provide opportunities for exchange of ideas, and

for mutual help in the study and solution of clinic problems; to promote the training of clinic personnel; and to cooperate with appropriate groups or organizations doing professional placement work in the clinic field and with organizations throughout the world whose purposes may, in whole or in part, coincide with those of the Association. Fifty-three member clinics have been approved for training by the Association in the specialty of child psychiatry.

Publications: The Association publishes a Newsletter, quarterly, for its member clinics, and a brochure called "History, Purposes, Organization" which details the history of the Association and the standards for member clinics and for training centers. The brochure is available at 50 cents per copy.

American Association of University Women, Inc. (1882); 1634 Eye St., N.W., Washington 6, D.C.; Dr. Helen Dalton Bragdon, General Director.

Membership: Individuals, over 140,000; divisions and branches, 9 regional, 48 state, and 1,419 local. Membership is limited to women holding AAUW approved degrees from AAUW approved institutions.

Activities: The Association develops adult education programs, issues materials to assist its groups in study and action in the field of education, international relations, social and economic issues, and other fields. Local branches carry on varied constructive community activities including education of the public in support of mental health work and projects concerned with the aging population. Many branches have participated in studies of mental health and surveys of state mental health facilities. They also have been active in the development of mental health services. The legislative program includes support of federal aid for tax-supported schools under state control; strengthening the United Nations; legislation in the interest of the consumer, including measures to control inflation; measures designed to do away with discriminations against women. Emphasis is on education to develop informed opinion as a basis for action. The Association also supports measures to promote adequate housing, enhance the health and efficiency of the population, protect the interests of the consumer, and develop the social security program. National meetings are held biennially; regional and state meetings are held, most of them annually.

Periodical: The Journal, four times a year, \$2.00 a year.

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American Association of Workers for the Blind, Inc. (est. 1895, inc. 1955); 1511 K St., N.W., Washington 5, D.C.; Hulen C. Walker, Executive Director.

Membership: Individual and Agency Sustaining.

Purpose: To render all possible assistance to the promotion of all phases of work for, and in the interest of, the blind and to the prevention of blindness throughout the Americas, Hawaii, and the insular possessions of the United States.

Publications: News & Views; Annual Convention Proceedings, \$5.00 per copy.

American Association on Mental Deficiency, Inc. (1876); Mansfield Depot, Conn.; Neil A. Dayton, M.D., Secretary-Treasurer.

Membership: Individuals, 4,296.

Purpose and Activities: To study the causes and prevention of mental deficiency and subjects pertaining to the instruction, training, and social supervision of the mentally deficient. The following are among the specific aims: a complete census and registration of all mentally deficient children of school age, extra-institutional supervision of defectives in the community, community placement of all suitable institutionally trained mentally defective persons, and special provision for defective delinquents. The Association holds an annual meeting for the national group and sectional meetings in 11 regions over the country.

Periodicals: American Journal of Mental Deficiency, quarterly, \$14 a year; Official Directory of the A.A.M.D., annually, \$1.50 a copy; Standards for Public and Private Schools for Mentally Retarded, 1953, \$1.00 a copy; Listing of Public & Private Schools for Retarded, \$1.00 a copy.

American Bar Association (1878); 1155 East 60th St., Chicago 37; Joseph D. Stecher, Executive Director.

Membership: Individuals, 94,000.

Purpose and Activities: To advance the science of jurisprudence, to promote the administration of justice and uniformity of legislation and of judicial decision throughout the nation, to uphold the honor of the profession of the law, to encourage cordial intercourse among the members of the American bar, and to correlate the activities of the bar organizations of the respective states on a representative basis in the interest of the legal profession and of the public throughout the United States. Activities related

to the field of social work include those represented by the following sections or committees: American Citizenship; Bill of Rights; Criminal Law; Family Law; Labor Relations Law, Employment, and Social Security; Lawyer's Reference Service; Legal Aid Work; Legal Service to the Armed Forces; Professional Ethics and Grievances; and Rights of the Mentally Ill.

Periodical: American Bar Association Journal, monthly, \$5.00 a year.

American Camping Association, Inc. (1910); Bradford Woods, Martinsville, Ind.: H. W. Ransom, Executive Director.

Membership: Individuals and camps, 5,800; sections, 43; regions, 7.

Purpose and Activities: To further the interests and welfare of children and adults through camping as an educative, recreative, and character-developing experience, by the following means: promotion of camping generally and stimulation of its expansion; lending of administrative attention to needs and problems common to all camps; formulation and effecting of standards to permit camping to function adequately as an educational, health-developing, and joyous experience; instigation, promotion, and coordination of studies and research in all areas of camping; promotion and guiding of training courses, institutes, and conferences for the training of leadership; and publication of a periodical and permanent literature for the stimulation, enlightenment, and growth of camp leaders generally.

Periodical: The Camping Magazine, monthly November through June.

American Cancer Society, Inc. (1913); 521 West 57th St., New York 19; Lane W. Adams, Executive Vice President.

Membership: The national Society is a membership corporation with 60 chartered divisions, some 3,000 units. Policy rests with the Board of 68 Directors. Programs are developed and promoted by the more than 2,000,000 volunteers throughout the country. There are no dues.

Purpose and Activities: The American Cancer Society is the only voluntary national health agency seeking the control of cancer through a three-point program of research, education, and service. The national *Research* program supports the work of scientists who are endeavoring to learn how cancer starts, how it can be cured, or prevented. Through its *Public and Professional Education* programs, the Society brings life-saving informa-

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tion about cancer to the lay public, and current information on cancer detection and treatment to physicians. Its *Service* program goal is to aid in saving lives from cancer by supporting physicians' efforts to provide earlier and improved treatment of cancer; to bring greater comfort to cancer patients. Funds are secured through voluntary contributions from the public and from legacies. April is the month for the nation-wide Crusade for funds. \$29,796,676.71 was raised in 1957-58. In 1958 the Society abandoned the concept of a fixed sum as its Crusade goal to establish a "Goal Unlimited" beginning in 1959.

Periodicals: Two professional journals; Cancer, a journal for research scientists and physicians, bimonthly, and CA—A Bulletin of Cancer Progress for practicing physicians, bimonthly; and Cancer News for the general public, quarterly.

American Child Guidance Foundation, Inc. (1953); 319 Longwood Ave., Boston 3; Edgar B. Phillips, M.D., Executive Director.

Membership: Individuals, 157, on invitation.

Purpose and Activities: To develop and maintain a continuing program to assist professional groups, agencies, organizations, clinics, university departments, etc., in the development and application of more effective means for the prevention and better control of childhood emotional and behavioral disorders.

American Civil Liberties Union, Inc. (1920); 170 Fifth Ave., New York 10; Patrick Murphy Malin, Director.

Membership: Individuals, 40,000; more than 20 affiliates throughout the U.S.

Purpose and Activities: To protect free inquiry and expression, due process and fair trial, and equality before the law, etc., by combating repressive legislation and the acts of officials in violation of civil liberties; to aid in defense of cases in courts; and to carry test cases to the higher courts. Among the Union's standing committees which advise the Board and National Committees are the following: Lawyers' Panel, National Council on Freedom from Censorship, and Committees on Academic Freedom, Alien Civil Rights, American Colonies, Civil Rights in Labor Relations, Indian Civil Rights, and International Civil Liberties. Some 25 pamphlets published by the Union are available.

Periodicals: Feature Press Service (mimeographed), weekly, available to \$10 members, free to the Press; Civil Liberties, monthly September through June, by membership at \$2.00,

\$5.00, \$10, and up. An annual report on U.S. liberties is also sent to all members.

American Correctional Association, Inc.; formerly American Prison Association (1870); 135 East 15th St., New York 3; E. R. Cass, General Secretary.

Membership: Individuals, 3,000.

Purpose and Activities: To study the causes and treatment of crime; and to promote the improvement of laws in relation to public offenses and offenders, the improvement of penal, correctional, and reformatory institutions, and the development and improvement of methods relating to probation, parole, and the after-care of released prisoners. The Association has the following committees: Citizen Participation, Classification and Treatment, Military Offender, Institution Libraries, Personnel Standards and Training, Research and Planning, Correctional Camps, Study of Prevention and Treatment of Juvenile Delinquency, the Adolescent Offender, and Parole Board Problems. The following are allied groups: Correctional Education Association, Correctional Service Associates, International Prisoners' Aid Association, Medical Correctional Association, National Jail Association, American Correctional Chaplains' Association, National Probation and Parole Association, Correctional Industries Association, Wardens' Association, Association of Correctional Administrators, and Association of Correctional Psychologists.

Periodicals: The American Journal of Correction, bimonthly (published in cooperation with the National Jail Association); Proceedings, Annual Congress of Correction; Directory, State and Federal Correctional Institutions of the United States and Canada; all included in various membership classifications.

American Council for Nationalities Service (1958); 20 West 40th St., New York 18; Read Lewis, Executive Director; Dr. William S. Bernard, Co-Director. (The Council is a merger of the American Federation of International Institutes (1934) and the Common Council for American Unity (1921).)

Membership: The Council, a national, nonsectarian organization, has member agencies, usually called International Institutes, in 40 cities. Agency membership is open to nonprofit organizations engaged in work with immigrants; supporting membership includes individuals and organizations contributing to the support of the Council.

Purpose and Activities: To assist the immigrant to know and value our nation's heritage and to

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become a fully participating American citizen; to further an appreciation of each ethnic group in our population, and the acceptance of all citizens as equal partners in American life; to foster public interest in immigration and naturalization policies that are sound, humanitarian, and non-discriminatory; to aid both new and old Americans in furthering people-to-people contacts, intercultural relations, and international understanding; to assist our country to make effective use of the varied origins of the American people, especially in the struggle for peace and a free world.

The Council serves as a national headquarters for International Institutes and other community agencies engaged in work with immigrants; advises and assists such agencies; maintains a technical information service for local communities on immigration, naturalization, and related problems; sends a weekly educational press service, in 23 languages, about American life and institutions to 775 foreign language newspapers in the U.S.; furnishes a similar educational service to 600 American radio stations broadcasting foreign language programs; works with American nationality organizations; serves as a center of information about American nationality groups, their press and organizations; advises individual immigrants regarding their immigration and naturalization problems and supplies legal aid in appropriate cases; assists federal government agencies to work more closely with nationality groups; reports on immigration and naturalization developments in Congress in a series of legislative bulletins; conducts the *Letters from America* campaign to get Americans with relatives and friends abroad to use their letters to spread the truth about America and promote better understanding of the U.S. Council publications include: *Life in America* and *How to Become a Citizen of the United States*, handbooks of information for newcomers; *The Alien and the Immigration Law*, a comprehensive study of 1446 immigration cases; *Americans Abroad—Spokesmen for the United States*, a booklet designed to help Americans overseas serve as "unofficial ambassadors" for the U.S.

Periodicals: Interpreter Releases (a series of 50 or more articles a year on immigration, naturalization, and related problems) \$20 a year; National Newsletter, bimonthly, \$2.00 a year.

American Council of Voluntary Agencies for Foreign Service, Inc. (1943); 20 West 40th St., New York 18; Charlotte E. Owen, Executive Director.

Membership: Organizations, 40 national. Membership is limited to agencies of proven operat-

ing efficiency and financial stability whose purposes are neither political nor propagandistic.

Activities: Created by voluntary American agencies working abroad, the Council promotes joint program planning and coordination of national voluntary agency activities in relief, rehabilitation, and technical assistance abroad. The Council operates through committees organized on both functional lines (displaced persons, health, surplus commodities policy, shipping and purchasing, technical assistance, etc.) and area lines (Austria, Near and Middle East, Korea, etc.) and made up of representatives of member agencies and invited consultants and observers. The Council under contract with the International Cooperation Administration carries on the Technical Assistance Clearing House for information, and consultation. Council member agencies and non-member organizations participating. The Council represents its member agencies in relations with governmental and intergovernmental bodies through its committees. It encourages the development of councils in countries in which representatives of its member agencies work, and such councils are active in Austria, France, Germany, Greece, Italy, Lebanon, Egypt, Iran, Jordan, Korea, Formosa, Vietnam, India, and Pakistan.

American Council on Education, Inc. (1918); 1785 Massachusetts Ave., N.W., Washington 6, D.C.; Dr. Arthur S. Adams, President.

Membership: Educational organizations, 142; colleges, universities, school systems, state departments of education, private secondary schools, public libraries, etc., 1,039.

Activities: The organization is a council of national educational associations and organizations having related interests; approved universities, colleges, technological schools, selected private secondary schools, state departments of education, city school systems, private school systems, selected educational departments of business and industrial companies, voluntary associations of higher education in the states, and large public libraries. It is a center of cooperation and coordination in American education. Through conferences and investigations it seeks to clarify educational issues of national significance, define problems, and enlist appropriate agencies for their solution. The Council acts as a mobilizing force for the energies of the American educational system and encourages international cooperation in educational matters.

Periodicals: The Educational Record, quarterly, \$3.00 a year; occasional bulletin, Higher Education and National Affairs, \$2.00 a year.

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American Country Life Association, Inc. (1919); Room 228, 327 South LaSalle St., Chicago 4.

Membership: Individuals, 150; organizations, 15.

Purpose and Activities: To promote discussion of the problems and objectives in country life and to facilitate the means of their solution and attainment, to further the efforts and increase the efficiency of persons and agencies engaged in this field, and to disseminate information calculated to promote a better understanding of country life. The Association provides a national forum for all people interested in rural life; serves as a clearinghouse for an exchange of ideas, plans and activities of rural groups, and functions as a national sounding board to project their ideas; acts in a public relations capacity to promote goodwill, understanding, and cooperation among rural groups and between rural and urban peoples; helps to coordinate with agriculture, in an unbiased way, labor, business, industrial, religious, educational, welfare, and governmental interests; encourages state and local country life meetings and associations; and publishes proceedings and special reports.

Periodical: Proceedings, annually, \$1.15 a copy.

American Dental Association, Inc. (1859); 222 East Superior St., Chicago 11; Dr. Harold Hillenbrand, Secretary.

Membership: Individuals, 92,500; constituent organizations, 54 federal and state; component societies, 444 local.

Purpose and Activities: To improve oral and dental health services to the public by cultivating and promoting the art and science of dentistry through the following means: encouraging and providing for dental research; disseminating among the profession advanced scientific knowledge; elevating and sustaining the education of dentists in formal institutions of learning, and establishing devices that provide opportunities for continuing education after graduation; promoting in the several states the enactment and enforcement of just dental laws, designed to serve the health interests of the people; enlightening public opinion with respect to the prevention of oral diseases and the care of oral health as it relates to general health; and directing the profession in the interests of public health and welfare. The Association publishes journals, reports, and treatises.

Periodicals: Journal of the American Dental Association, monthly, \$7.00 a year; Dental Ab-

stracts, monthly, \$8.00 a year; Journal of Oral Surgery, Anesthesia and Hospital Dental Service, quarterly, \$10 a year; American Dental Directory (a listing of all dentists in the United States), annually, \$15 a copy; and A.D.A. Newsletter, semi-monthly, \$2.00 a year.

American Diabetes Association, Inc. (1940); 1 East 45th St., New York 17; J. Richard Connelly, Executive Director.

Membership: Physicians and other scientists, 2,500.

Purpose and Activities: To further the general welfare through acquisition and dissemination of useful and accurate knowledge and information regarding diabetes mellitus and to undertake in the public interest such activities as will improve the physical welfare of persons having that disorder. To these ends it is the purpose of the Association to promote among physicians and others the free exchange of knowledge with respect to diabetes mellitus; to improve the standards of treatment of diabetes mellitus; to promote, insofar as funds can be obtained, medical research by individuals, hospitals, clinics, universities, and other institutions; to educate the public in the early recognition of diabetes mellitus and in the importance of medical supervision of its treatment; to distribute accurate information respecting diabetes mellitus to the general public by literature, meetings, and other appropriate means; to develop educational methods designed to give diabetic patients a better understanding of their disease; to take such other measures as will enhance the welfare of individuals with diabetes mellitus; and to encourage the formation of subsidiary groups which, when designated as acceptable by the Council, will cooperate actively with the Association in its program.

Publications: A.D.A. Forecast (for the layman), bimonthly, \$2.00 a year; Diabetes: the Journal of the American Diabetes Association, bimonthly, \$9.00 a year; also, pamphlets and booklets.

American Dietetic Association, Inc. (1917); 620 North Michigan Ave., Chicago 11; Ruth Yakel, Executive Secretary.

Membership: Limited to those individuals who meet the academic and experience requirements established by the Association. Members: 13,800 individuals, 52 state and 115 local organizations.

Activities: One of the chief functions is the establishment and maintenance of standards of education in the field of dietetics. There are 68 approved dietetic internships, and approximately

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700 dietetic interns each year. Programs of studies and projects in the fields of diet therapy, community nutrition, food administration, and professional education are sponsored. Headquarters staff members provide services pertaining to employment, career guidance, public relations, exhibits, and publication of career leaflets as well as other small publications. A loan library is located in the headquarters office.

Periodical: Journal of the American Dietetic Association, monthly, \$8.00 a year.

American Eugenics Society, Inc. (1926); 230 Park Ave., New York 17; Dr. Harry L. Shapiro, President.

Membership: Individuals, 500; libraries, institutions, and societies, 650.

Purpose and Activities: To stimulate research and develop knowledge about genetic changes taking place in human populations and to promote application of existing knowledge through publications, meetings, and special committees.

Periodical: Eugenics Quarterly, \$5.00 a year. Other printed materials available; list on request.

American Federation of Labor—Congress of Industrial Organizations; (effective date of merger of two organizations, December 5, 1955); AFL-CIO Bldg., Washington 6, D.C.; George Meany, President. (See also AFL-CIO Community Service Activities listing above.)

Membership: Fourteen million members, organized in 137 national and international unions, 6 autonomous trade and industrial departments, 52 state bodies, 891 local central bodies, and 529 directly affiliated local unions.

Purpose and Activities: To provide a central agency through which affiliated trade union organizations may collectively advance the best interests and welfare of wage earners as workers and as citizens. The AFL-CIO is active in the organization of workers into trade unions for the purpose of collective bargaining, and in the legislative, political, economic, and social fields. Its Social Security Department has responsibility for providing guidance and information in the fields of social insurance and welfare, including health. The Department cooperates with affiliated organizations and other departments and with other agencies, both public and private, to improve social security and health legislation at federal, state, and local levels. It also cooperates on problems in the fields of private health, welfare, and pension plans. It is represented on various governmental agencies including the Advisory

Council on Employment Security, U.S. Department of Labor, and the statutory Advisory Council on Public Assistance. Legislative and political activities are centered in a legislative committee maintained at the headquarters of the AFL-CIO and in its Committee on Political Education. In the international field the AFL-CIO is actively identified through representation on the Governing Body of the International Labor Organization, and on the Executive Boards of the International Confederation of Free Trade Unions and the Inter-American Regional Organization of Workers which functions in the Latin-American field. Special representatives are maintained in Europe and the Far East to aid in relief and rehabilitation work among the trade unionists of those areas of the world.

Periodicals: AFL-CIO American Federationist, monthly, \$2.00 per year; AFL-CIO News, weekly, \$2.00 per year for individual subscriptions; and Labor's Economic Review, monthly, \$1.50 per year.

American Federation of State, County and Municipal Employees (1936); 815 Mt. Vernon Place, N.W., Washington 1, D.C.; Arnold S. Zander, International President.

Membership: 190,000 individuals; 1,600 local unions.

Purpose and Activities: As an organization of the employees of state, county, and municipal governments, the Federation (a) establishes education and training programs for public employees; (b) provides legal and research services for affiliates; (c) maintains a public administration library; (d) promotes civil service legislation and career service in government; (e) promotes and establishes broad and comprehensive disability and retirement plans for public employees; and (f) publishes weekly and monthly papers for some of its local unions and councils.

Periodical: The Public Employee, monthly.

American Foundation for the Blind, Inc. (1921); 15 West 16th St., New York 11; M. Robert Barnett, Executive Director.

Activities: The Foundation is an organization, nationwide in scope, for the promotion of those interests of the blind and the deaf-blind which cannot be advantageously handled by local agencies. Its activities include the following: research in education, statistics, legislation, vocations, mechanical appliances, and publishing methods for the blind, including the manufacture of Talking Book records; consultation service; assistance

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to state and community agencies in the organization of their activities, and in the promotion of legislation; special services to blind individuals; scholarships for a limited number of promising students; fellowships for research; and a special lending and reference library. The Foundation encourages development of professional training through promotion of institutes and workshops for personnel of agencies for the blind, and of summer courses for teachers of blind children and for workers with the adult blind. Publishes Directory of Agencies Serving Blind Persons in the United States and Canada, and books and pamphlets of a professional and informational nature. In 1945 the American Foundation for Overseas Blind became affiliated with the Foundation.

Periodicals: New Outlook for the Blind, monthly September through June, inkprint edition \$3.00 a year, Braille edition \$1.50 a year; Touch and Go, 10 issues yearly, in Braille edition, free to the deaf-blind.

American Friends Service Committee, Inc. (Quakers) (1917); 20 South 12th St., Philadelphia 7; Colin W. Bell, Executive Secretary.

Activities: The Committee grows out of the Society of Friends but carries on its relief and social welfare services on a nonsectarian basis and without discrimination of race and nationality. Present activities include the following: relief, rehabilitation and social and technical assistance projects in Austria, El Salvador, Germany, India, Israel, Italy, Japan, Mexico, Pakistan, and Yugoslavia; refugee aid in Austria, France, and Hong Kong; international centers in seven world capitals and at the United Nations; conferences for diplomats and parliamentarians; community relations programs designed to increase democratic patterns in the fields of employment, education, and housing; work with American Indians on and off reservations; international relations projects including institutes of international relations for those of high school age and adults in communities in the United States and seminars for foreign and American students in the United States, Europe, and Asia; affiliations linking U.S. and foreign schools; world friendship projects for children; and projects for young people, in addition to those mentioned above, including work camps in the United States, Latin America, and overseas, institutional service units in mental and correctional institutions, and interne-in-industry and interne-in-community service projects.

Periodicals: Bulletin, quarterly, plus annual report issue, free.

American Group Psychotherapy Association, Inc. (1943); Room 516, 1790 Broadway; New York 19; Maurice Linden, M.D., President; Gloria Abrams, Executive Secretary.

Membership: 1,100 individuals. Membership is limited to psychiatrists, psychologists, psychiatric social workers. Local Affiliate Societies: Delaware Valley GPS; Eastern GPS; Golden Gate GPS; Louisiana GPS; Maine GPS; New Jersey GPS; Northeastern GPS; Southwestern GPS; Tri-State GPS. Affiliate Associations; Foreign—Asociacion Argentina de Psicologia y Psicoterapia de Grupo; Sociedad Brasileira de Psicoterapia De Grupo.

Purpose and Activities: To promote group psychotherapy and to coordinate and clarify the efforts of those interested in its practice and theory. The Association stimulates practice and research in group psychotherapy, publishes the results found and holds an annual scientific conference and institute.

Publications: Bibliographies of all work in the field, Abstracts of Annual Conference and Institute proceedings. International Journal of Group Psychotherapy, quarterly, \$8.00 a year to non-members.

American Hearing Society, Inc. (1919); 919 18th St., N.W., Washington 6, D.C.; Crayton Walker, Executive Director.

Membership: Individuals, 10,600 (open to the public); organizational members, 111 in the United States, District of Columbia, and Canada (meeting eligibility requirements).

Purpose and Activities: To prevent deafness, conserve hearing, and rehabilitate the hard of hearing. The Society encourages nationwide audiometer testing of school children at regular intervals, and follow-up as indicated; conducts a year around educational campaign concerning problems of hearing and good hearing health practices; assists in organizing community services for the hard of hearing; sponsors Better Hearing Month. The Society functions through its national headquarters, and through its organizational members which offer some or all of the following services: hearing testing; instruction in lipreading; auditory training; hearing aid consultation; speech correction; classes for preschool children; vocational guidance; and recreational programs for social adjustment.

Periodical: Hearing News, bimonthly, \$3.00 a year.

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American Heart Association, Inc. (1924); 44 East 23rd St., New York 10; Rome A. Betts, Executive Director; George E. Wakerlin, M.D., Medical Director.

Membership: 20,000 medical, 15,000 lay; 55 affiliates with 298 chapters.

Purposes and Activities: To support research on the heart diseases and other cardiovascular ailments, and to bring the benefits of such research to professional and lay people through community service and education programs; to coordinate efforts of physicians, nurses, social workers and other professionals engaged in the fight against cardiovascular diseases; to inform the public of progress in the field and to enlist support for the Heart program through the annual Heart Fund campaign conducted throughout the month of February. Among the community service activities developed by affiliated Heart Associations and their chapters are the establishment of work classification units to aid men and women with heart disease to obtain suitable employment; work simplification courses for cardiac homemakers; rehabilitation programs for men, women, and children with heart disease; rheumatic fever prevention programs; school health programs; and other efforts conducted in cooperation with public and voluntary health agencies and civic organizations. Professional and lay education is also carried on through Annual Scientific Sessions, literature, films, audio-visual and visual kits for the medical profession, exhibits and periodicals, including the American Heart quarterly and the Heart Research Newsletter for the lay public, and the medical publications *Circulation* and *Circulation Research*, *Modern Concepts of Cardiovascular Disease*, and *The Heart Bulletin*. In addition to its organization of state and local Heart Associations along geographical lines, the American Heart Association provides specialized units for professionals and laymen interested in various phases of the Heart Program. These units include the Council on Community Service and Education, and the Council on Rheumatic Fever and Congenital Heart Disease. The National Office coordinates the above activities, provides field consultation on community, educational, and fund-raising programs, and maintains a public relations program and an inquiries section which answers individual questions from the public.

American Home Economics Association (1909); 1600 Twentieth St., Washington 9, D.C.; Mildred Horton, Executive Secretary.

Membership: Individuals, 25,102 (received through 51 state and territorial associations);

affiliated college home economics clubs, 438. Membership is limited to home economists and persons in related fields, meeting specified requirements.

Purpose and Activities: To provide opportunities for professional home economists and other Association members to cooperate in the attainment of the well-being of individuals and of families, the improvement of homes, and the preservation of values significant in home life. Specifically, the Association shall work toward this object by encouraging and promoting wider and better understanding of the value of home economics to individuals and to nations; understanding of the significant place of homemaking in our society; cooperation with other community, national, and international groups concerned with family well-being; improvement of the standards of preparation and of continued professional growth of its members; application of the physical, biological, and social sciences and of the arts to homemaking; investigation and research important to the family and to the institutional household; and legislation designed to aid in the improvement of home and family life. The Association has 6 subject matter and 8 professional sections, one of which is the Social Welfare & Public Health Section.

Periodical: *Journal of Home Economics*, monthly September through June, \$6.00 a year.

American Hospital Association, Inc. (1899); 840 North Lake Shore Drive, Chicago 11; Edwin L. Crosby, M.D., Director.

Membership: Individuals, 5,087; institutions and organizations, 7,319. Institutional membership includes hospitals which meet membership standards, plus related organizations active in the hospital and health fields.

Purpose and Activities: To promote the public welfare through the development of better hospital care for all the people. To achieve this aim in the American tradition of voluntary efforts the Association encourages scientific research; aids in the health education of the public; actively assists allied organizations in developing health programs; and acts as a medium for the exchange and dissemination of facts, information, and material. The Association provides a number of central services for member hospitals and conducts an active educational program of activities such as institutes for hospital employees and manuals and other publications dealing with administrative and departmental functions. Councils and committees of the Association most closely related to social work include those concerned with the following subjects: care of the

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chronically ill and of the aged, outpatient departments, medical social service, tuberculosis, care of mental patients, public health relations, workmen's compensation, veterans' relations, and costs of medical care. The Association's Library, the Asa S. Bacon Memorial, contains the foremost collection of books, publications, and literature on hospital administration and operation.

Periodicals: Hospitals, twice monthly, \$5.00 a year; Trustee, monthly, \$4.00 a year, \$3.00 to members; Administrators Guide, published as Part II of the August 1 issue of Hospitals.

American Humane Association, Inc. (1877);
896 Pennsylvania, Denver, Colo.; R. T. Phillips,
Executive Director.

Membership: Organizations admitted to membership upon accreditation. Individuals having an interest in one or both fields of the association's program, elected to membership.

Purpose and Activities: A national association with services in two well-defined and distinct program areas. 1. Child Protection: The national association of child protective agencies. Promotes, interprets, and promulgates standards for child protective services; prepares guide materials for community interpretation and community organization; publishes professional literature for case-work practitioners in child protection; provides consultation on preventive and protective services to public and voluntary child welfare agencies and to communities, at local or state level; plans and conducts research projects; participates in national activities to improve or establish better services for children. 2. Animal Protection: The association is the national federation of animal welfare agencies. Promotes, interprets, and promulgates standards for animal care, control, and protection; provides consultation on animal welfare to agencies and communities, at local or state level; provides national network of emergency animal relief for service in disaster areas; promotes conservation of wildlife; provides consultative supervision of animal action in motion pictures and television; publishes guides and manuals on animal care and animal welfare programs; publishes a bimonthly periodical, The National Humane Review, \$1.50 year.

American Industrial Hygiene Association
(1939); 14125 Prevost, Detroit 27; George D. Clayton, Executive Secretary.

Membership: Individuals, 1,100; local sections, 24. Membership is limited to professional workers in the field of industrial hygiene.

Purpose and Activities: To increase the knowledge of industrial hygiene through interchange and dissemination of information; to promote the study and control of environmental factors affecting the health and well-being of industrial workers; to correlate such activities as are conducted by individuals and agencies throughout industrial, educational, and governmental groups; and to bring together persons interested in the various phases of industrial hygiene. Annual meetings are held. Technical papers of the Association are published in the Archives of Industrial Hygiene and Occupational Medicine or in Industrial Medicine.

Publications: American Industrial Hygiene Association Journal, \$7.50 a year in the United States, \$7.75 a year in Canada, \$8.25 a year in other countries. Hygienic Guide Series, 25 cents each. Industrial Noise Manual, \$7.50.

American Institute of Family Relations
(1929); 5287 Sunset Blvd., Los Angeles 27;
Paul Popenoe, Sc.D., General Director.

Activities: The Institute carries on a nationwide educational campaign through books, pamphlets, radio, television, newspapers, magazines, summer workshops in counseling, seminars, lectures, and a monthly bulletin, Family Life; trains teachers and counselors; supplies material to college and high school instructors, community executives, hospital personnel, and leaders in religious education for use in their own classes; welcomes visits from these and other groups; cooperates with national and local organizations in allied fields; offers a counseling service in marriage and family problems (including premarital and old age counseling); maintains a speakers' bureau and a circulating library; and carries on a continuous program of research.

Periodical: Family Life, monthly, \$1.00 a year.

American Institute of Park Executives, Inc.
(1898); Oglebay Park, Wheeling, W. Va.,
Alfred B. Lagasse, Executive Secretary.

Membership: Individuals and public agencies, 3,000 executives of public park and recreation systems and others interested in this field.

Purpose: To disseminate information in regard to public parks and recreation activities, and to work with other agencies to make more abundant facilities for a more expressive life.

Periodicals: Parks & Recreation, monthly, \$4.00 a year; AIPE News, monthly, to members only; Directory: Annual Yearbook and Roster, to members only.

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American Institute of Planners (1917); Suite 410, 2400—16th St., N.W., Washington 9, D.C.; W. C. Dutton, Jr., Executive Director.

Membership: Individuals, 2,250.

Purpose: To study and advance the science and art of city and regional planning; to facilitate the exchange of experience among members; to encourage original research; and to make more general the application of planning principles in city, regional, state, and national development.

Periodical: Journal of the American Institute of Planners, quarterly, \$6.00 a year. Newsletter (members only).

American Jewish Committee, Inc. (1906); Institute of Human Relations, 165 East 56th St., New York 22; Dr. John Slawson, Executive Vice President.

Membership: Individuals, 26,500; organizations, 44 chapters.

Purpose and Activities: To protect and strengthen civil and religious rights of Jews here and abroad. In cooperation with Jewish and non-Jewish organizations the Committee seeks through public education and civic action to eliminate racial and religious prejudices and discriminatory practices in employment, housing, education, and public recreation and accommodations, and to promote improved inter-group relations among all Americans. It holds that its America-centered philosophy best enables American Jews to enjoy in this democracy the security of their cultural and religious life. The Committee promotes the progress of the State of Israel, working always within the framework of American interests to build a viable democracy in the Middle East and assists Jewish communities in Europe to reconstitute their communal life, protect their civil and religious rights, and achieve full integration in their respective countries. As a member of the Consultative Council of Jewish Organizations, which enjoys accredited consultant status with the United Nations Economic and Social Council, the Committee aids in promoting universal guarantees of human rights and fundamental freedoms. With chapter and national members in 600 American communities, branch offices in London, Paris, and Buenos Aires, and correspondents in most European countries, North Africa, and Israel, the Committee functions on local, national and international levels.

Periodicals: Commentary, monthly, \$7.00 a year; The Committee Reporter, bimonthly, free; American Jewish Year Book, annually, \$6.00 a copy.

American Jewish Congress (1918); 15 East 84th St., New York 28; Isaac Toubin, Executive Director.

Membership: Members of the Jewish faith who are 18 years of age and over, national Jewish organizations, and organized Jewish groups in accordance with provisions contained in the American Jewish Congress Constitution.

Activities: Community relations services, cultural programs, membership activities, support of Israel, and protection of Jewish rights abroad.

Periodicals: Congress Bi-Weekly, bi-weekly October-May, monthly June-September, \$4.00 a year; Judaism, quarterly, \$3.50 a year.

American Jewish Joint Distribution Committee, Inc. (1914); 3 East 54th St., New York 22; Moses A. Leavitt, Executive Vice-Chairman and Secretary.

Activities: The Committee provides aid for some 250,000 needy and distressed Jews in nearly 25 countries of Europe, North Africa, and the Near East including Israel. With funds received chiefly from Jewish communities in the United States through the United Jewish Appeal, JDC provides medical care, child care, vocational training, economic rehabilitation, food, clothing, shelter, cultural and religious assistance, and many other types of aid. In Israel JDC aids aged, ill, and handicapped newcomers through a network of institutions known as *Malben*. In Moslem countries, especially North Africa, JDC assistance reaches some 100,000 individuals, mostly children. In Europe the JDC seeks to develop programs for the economic and social integration of refugees, including those from Egypt, Hungary, North Africa, Poland, and elsewhere.

Periodicals: The JDC Digest (five times a year), the Annual Report, and the JDC Statistical Abstract provide regular accounts of the Committee's overseas activities.

American-Korean Foundation, Inc. (1952); 345 East 46th St., New York 17; Maj. General C. W. Christenberry, President.

Purpose and Activities: Dedicated to building permanent bridges of friendship, understanding, and cooperation between the American and Korean peoples at cultural, educational, and economic levels. The objective of the Foundation is to assist Korea in the fields of health, education, and social welfare, thus enabling "Koreans to help themselves" in the rehabilitation of their economy and the development and strengthening of their democratic way of life.

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American Labor Education Service, Inc. (1926); 1776 Broadway, New York 19; Eleanor G. Coit, Director.

Purpose and Activities: To conduct labor education services giving assistance to workers' education projects throughout the country, and to help develop experimental programs. Conferences of teachers and leaders are held under its auspices each year. The organization conducts an active advisory service giving suggestions on bibliographies, study outlines, and methods of teaching; organizes demonstration projects and classes and conducts seminars for teachers of workers' groups; sponsors "white collar" workshops; maintains an information service on workers' education for use by other organizations; and by means of its publications in the shape of records of successful projects and its Focus on the UN—Study Notes for Workers, supplies fresh information to the field in a form particularly useful to workers. The organization is a central agency in the field of workers' education. It is currently stressing educational work which relates to such important problems as race discrimination, international affairs, and labor's functions in the community; also the search for new resources for workers' education and the study of methods and techniques. Membership is open to individuals interested in workers' education, local labor education projects, unions, resident schools, workers' education committees, community organizations, and other workers' groups and classes concerned with the problem of workers' education.

American Law Institute, Inc. (1923); 133 South 36th St., Philadelphia 4; Herbert F. Goodrich, Director.

Membership: Individuals, 1,495 life members and 249 ex officio members.

Purpose and Activities: To promote the clarification and simplification of the law and its better adaptation to social needs, to secure the better administration of justice, and to encourage and carry on scholarly and scientific legal work. The Institute is composed of judges, lawyers and law school teachers, officers of the American Bar Associations, deans of recognized law schools, presidents of state bar associations, and representatives of learned legal societies and of the uniform law commissioners. Among its activities is the drafting of authorized legal statements and model acts. Two documents published by the Institute are of great interest to social workers, namely: Youth Correction Authority Act and Youth Court Act. The Institute is currently engaged in the drafting of a Model Penal Code.

American Legion, Inc. (1919); 700 North Pennsylvania St., Indianapolis 6; E. A. Blackmore, National Adjutant.

Membership: Individuals, 2,462,983; department organizations, 58; local posts, 16,994.

Purpose and Activities: To uphold and defend the Constitution; to maintain law and order, to foster and perpetuate a 100 per cent Americanism; to preserve the memories and incidents of wartime associations; to inculcate a sense of individual obligation to the community, state, and nation; to combat the autocracy of both the classes and the masses; to make right the master of might; to promote peace and goodwill on earth; to safeguard and transmit to posterity the principles of justice, freedom, and democracy; and to consecrate and sanctify comradeship by devotion to mutual helpfulness. Activities include the following fields of interest: Americanism, child welfare, civil service preference for veterans, community service, employment of veterans, junior baseball, legislation in behalf of veterans and their dependents, national defense, public relations, rehabilitation of veterans and their dependents, and youth activities. Its National Child Welfare Division and National Rehabilitation Commission are listed separately in this section of the DIRECTORIES OF AGENCIES.

Periodical: American Legion Magazine, including National Legionnaire insert, monthly, \$1.50 a year.

American Library Association, Inc. (1876); 50 East Huron St., Chicago 11; David H. Clift, Executive Director.

Membership: Individuals and libraries, 22,000. Individual membership is open to the public; library membership is limited to libraries approved by the Executive Board.

Purpose: To assist in making books a vital, working, educational force in American life; to make libraries easily accessible to all the people; to raise professional standards; and to publish books, periodicals and pamphlets which will aid trustees and librarians in rendering library service. The first ALA membership directory was published in 1949.

Periodicals: The Booklist and Subscription Books Bulletin, semimonthly, \$6.00 a year; A.L.A. Bulletin, monthly, for members only; Hospital and Institution Book Guide, monthly September through June, for members of ALA Hospital Libraries Division only; College and Research Libraries, semimonthly, \$5.00 a year, Library Resources and Technical Services, quarterly, current

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issues only to division members; School Libraries, quarterly, available only to division members; Top of the News, quarterly, available only to division members.

American Medical Association (1847); 535
North Dearborn St., Chicago 10; Dr. F. J. L. Blasingame, Executive Vice President.

Membership: Individuals, 157,000; organizations, 54. Membership is limited to physicians meeting specified requirements.

Purpose and Activities: To promote the science and art of medicine, and to aid in the betterment of public health. Activities related to social work include those represented by the Association's Department of Health Education, Bureau of Investigation (dealing especially with fraud and quackery in medicine), Law Division, Economic Research Department, Council on Foods and Nutrition, Council on Medical Education and Hospitals, Council on Medical Service, Council on Mental Health, Council on Rural Health, and Section on Preventive and Industrial Medicine and Public Health.

Periodicals: Journal of the American Medical Association, weekly, \$15 a year; 9 scientific monthly periodicals, each one dealing with a special field of medicine; Today's Health (a lay journal), monthly, \$3.00 a year; Quarterly Cumulative Index Medicus, \$25 a year; American Medical Directory (listing all physicians, whether or not AMA members), biennially, \$35 a copy.

American National Red Cross (1881); 17th & D Sts., N.W., Washington 6, D.C.; E. Roland Harriman, Chairman; Alfred M. Gruenther, President.

Membership: 44,400,000 persons, including 24,000,000 adult members and 20,400,000 junior members; 3,700 chapters.

Purpose and Activities: By its congressional charter the American Red Cross is charged with furnishing volunteer aid to the sick and wounded of armies in time of war in accordance with the requirements of the Geneva Convention. Also, in accord with the military authorities, it serves as a medium of communication between the people of the United States and their armed forces. The Red Cross is further charged with providing a system of national and international relief to lessen the suffering caused by disaster and to devise and carry on measures for preventing this suffering. The organization provides the following services, all related to the health, safety, and well-being of the people: (1) Services to the

Armed Forces and Their Families. These include consultation and guidance on emergency, personal, family, financial, or health problems, assistance with communications between military personnel and their families, providing reports and social histories needed by the military authorities, obtaining social, medical, or other data for medical officers to use in determining diagnosis and treatment of patients or for leave or postdischarge planning, furnishing information about and assisting in obtaining government benefits, referring servicemen and their families to agencies that give specialized assistance, and providing financial assistance by loan or grant to enable servicemen to return home because of emergencies and to servicemen and their families to meet essential and emergency needs. For patients in military hospitals, in addition to the above, Red Cross plans and conducts a medically approved recreation program, assists relatives visiting seriously ill patients, furnishes chapter-produced articles, and gives other personal services. When requested by military authorities, Red Cross provides supplemental recreation services for servicemen overseas, through clubmobiles in isolated areas and through recreation centers in selected communities. (2) Services for Veterans and Their Families. Red Cross meets needs of ex-servicemen and their dependents by counseling on personal and family problems, referral to other agencies for specialized help related to the problem, and assistance in preparing and developing applications for government benefits. In Veterans Administration hospitals Red Cross provides volunteers to help in treatment, nursing, rehabilitation, and recreation programs. (3) Disaster Services. Red Cross chapters make plans for action to be taken in time of disaster and train volunteers to give effective help to disaster victims. When disaster strikes, Red Cross feeds, clothes, and shelters disaster victims, feeds emergency volunteer workers, provides emergency medical and nursing care, furnishes welfare information about disaster sufferers to those concerned about their safety, and cooperates with government and other agencies in evacuating and rescuing disaster victims. As soon as possible after the disaster, Red Cross works with families on an individual basis to meet needs, such as food, clothing, and other maintenance, building and repair of homes, household furnishings, nursing and medical care for the injured, and tools and occupational equipment. All aid to disaster victims is an outright grant. (4) Blood Services. The Red Cross Blood Program supplies whole blood to nearly half the nation's hospitals, provides blood for national emergencies, furnishes blood derivatives to physicians and hospitals through Red Cross regional blood centers and health departments, and encourages research on new blood derivatives and improved methods for safe handling of blood.

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(5) Other Health and Community Services. Nursing Services maintains an enrolled reserve of volunteer nurses for teaching home nursing courses (Care of the Sick and Injured and Mother and Baby Care), training volunteer nurse's aides, staffing Red Cross blood centers, assisting in community health services, and serving in disaster and other emergencies. Red Cross first aid courses are designed to help reduce the toll of accidental death and injury. Civic, industrial, school, governmental, civil defense, and other community groups are taught how to prevent accidents and what to do should accidents occur. The organization also trains volunteers for first aid stations and mobile units along the highways, and provides first aid facilities for fairs and other community gatherings. To help reduce loss of life by drowning, courses are offered in swimming, lifesaving, boating, canoeing, and sailing. Aquatic schools train leaders in water safety activities. Red Cross-trained volunteers, such as Gray Ladies, Nurse's Aides, Canteen and Motor Service members work in chapters, hospitals, homes for children and the aging, and other community agencies. (6) International Services. The American Red Cross works with other Red Cross societies throughout the world in furnishing disaster help and technical and advisory assistance in developing Red Cross programs. The American Red Cross joins with other national societies in helping to locate persons missing as the result of war or upheaval. (7) Junior Red Cross Services. Members enrolled in more than 61,000 of the nation's primary and secondary schools participate actively in a wide range of regular Red Cross services in the community. Through Junior Red Cross programs in the schools, gift boxes and school chests are sent as goodwill gifts or as disaster relief to children of other lands. Better international understanding is developed through an exchange of communications and through leadership training centers here and abroad.

Periodicals: Junior Red Cross Journal, eight issues annually, \$1.00 a year; Junior Red Cross News, eight issues annually, \$1.00 a year.

American Nurses' Association, Inc. (1896); 10 Columbus Circle, New York 19; Mrs. Judith G. Whitaker, R.N., Executive Secretary.

Membership: Individuals, 190,000; organizations, 54, including 50 state and 781 district associations. Membership is limited to registered professional nurses.

Purpose: To foster high standards of nursing practice and to promote the professional and educational advancement of nurses and the welfare

of nurses, to the end that all people may have better nursing care.

Activities: To define and promote the implementation of the functions, standards, and qualifications for nursing practice in the various areas of practice; to improve employment conditions and the economic and general welfare of nurses; to work for full integration of qualified nurses from all racial, religious, and ethnic groups into the nursing profession; to provide educational, vocational, professional counseling and placement service to nurses and employers of nursing; to promote legislation and speak for nurses regarding legislative action in health, education, and welfare programs; to work with state boards of nursing in the interpretation of nursing practice acts and the facilitation of interstate licensure by endorsement; to compile data on nurses and nursing and to gather information for more efficient use of nursing skills; to implement the international exchange of nurses programs and assist foreign nurses who immigrate to the United States; to support the United Nations and its specialized agencies; to serve as the official representative of American nurses in the International Council of Nurses; to serve as an education and information service for the professional association and the public.

Periodicals: American Journal of Nursing, monthly, \$5.00 a year; Facts About Nursing, annually, \$2.00 a copy.

American Occupational Therapy Association, Inc. (1917); 250 West 57th St., New York 19; Marjorie Fish, Executive Director.

Membership: Individuals, 4,300 registered occupational therapists and persons interested in the field.

Purpose and Activities: To maintain the standards of education and training of occupational therapists, to maintain a national register of qualified therapists, to diffuse authoritative information relative to the aims and methods employed in occupational treatment, to further its use with the sick and disabled, and to stimulate scientific research in the field. Activities include the following: the supplying of information regarding training centers; advice in connection with organization or other problems; surveys and recommendations in particular fields, on request; and the maintenance of a placement service for registered therapists; sponsors with state associations preparation and certification of occupational therapy volunteer assistants; assists committees of the Association in their program of activities.

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Periodicals: American Journal of Occupational Therapy, bimonthly, \$6.00 a year domestic, \$6.50 foreign; Occupational Therapy Yearbook (membership registry), annually \$4.00 a copy; Newsletter, monthly, a membership service.

American ORT Federation, Inc. (1924); 212 Fifth Ave., New York 10; William Haber, President.

Membership: Individuals, 70,000; organizations, 30 national and 600 local.

Purpose and Activities: To promote overseas programs of instruction to Jewish men and women in industrial and agricultural skills so that they can earn a living in whatever country they live and thus be productive and self-sufficient citizens of their communities. To achieve these objectives, ORT (Organization for Rehabilitation through Training) organizes and maintains vocational training schools in 19 countries: in Israel, Europe, Iran, and North Africa (Morocco, Tunisia, and Algeria). About 40,000 persons study some 65 trades in all ORT installations each year, adding to the skills and useful economic activities of their countries.

Periodical: ORT Bulletin, monthly, 50 cents a year.

American Orthopsychiatric Association, Inc. (1924); 1790 Broadway, New York 19; Marion F. Langer, Ph.D., Executive Secretary.

Membership: Individuals, 1,649. Membership is limited to psychiatrists, psychologists, psychiatric social workers, and others meeting specified requirements.

Purpose: To unite and provide a common meeting ground for those engaged in the study and treatment of problems of human behavior; and to foster research and spread information concerning scientific work in the field of human behavior, including all forms of abnormal behavior.

Periodical: American Journal of Orthopsychiatry, quarterly, \$10 a year.

American Parents Committee, Inc. (1947); 52 Vanderbilt Ave., New York 17; George J. Hecht, Chairman; 132 Third St., S.E., Washington 3, D.C.; Mrs. Ada B. Stough, Executive Director.

Activities: The American Parents Committee is a nonprofit organization working for more and better schools, and for adequate health and so-

cial welfare services for the nation's 60,000,000 children. Its full-time Executive Director in Washington and its officers appear before Congressional committees and supply information on the needs of children to members of Congress. In its legislative work the APC seeks to rally the active support of other national organizations concerned with the welfare of children. The major items of its current legislative program include adequate support for the U.S. Children's Bureau, legislation to help states in control of juvenile delinquency, the national school lunch program, and a public school construction bill. It also works for the continuation of United States support of the United Nations Children's Fund.

Periodical: Washington Report on Legislation for Children, monthly during sessions of Congress, free on request.

American Personnel and Guidance Association, Inc. (1952); formerly Council of Guidance and Personnel Associations; 1605 New Hampshire Avenue, N.W., Washington 9, D.C.; Dr. Arthur A. Hitchcock, Executive Director.

Membership: Individuals, 10,000; organizations, 2. Individual membership is limited to those who meet the training and experience requirements of one of the Association's divisions.

Purpose and Activities: To bring together in one professional association all qualified workers in the fields of guidance and personnel work, so that mutual acquaintance may be cultivated, and so that principles, practices, and professional standards may be advanced. The APGA is the result of the unification of several associations which formerly were allied in the Council of Guidance and Personnel Associations, of which the APGA is the legal and historical successor. These associations, now regarded as divisions of APGA, are: National Vocational Guidance Association, American College Personnel Association, American School Counselors Association, National Association of Guidance Supervisors and Counselor Trainers, Student Personnel Association for Teacher Education, and Division of Rehabilitation Counseling. To further the development of personnel and guidance work in educational institutions, community agencies, government organizations, and business and industry, the Association holds an annual convention, assists regional groups in conducting regional conferences, provides field services, conducts a placement service for guidance and personnel workers, coordinates the work of a variety of committees concerned with training, ethics and related matters, and publishes a directory of ap-

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proved vocational counseling agencies, a journal, and a yearbook.

Periodicals: Personnel and Guidance Journal, monthly, 9 times a year, \$9.00 a year; Vocational Guidance Quarterly (publication of NVGA), \$2.00 a year; School Counselor (publication of ASCA), \$2.00 a year.

American Physical Therapy Association (1921); 1790 Broadway, New York 19; Lucy Blair, Acting Executive Director.

Membership: Individuals, 8,915; organizations, 58 chapters. Membership is limited to those meeting specified requirements.

Activities: The Association, through close cooperation with the medical profession and allied organizations, works for development and for increased recognition of the profession and for better personnel policies for physical therapists; prepares and distributes pertinent information through brochures, reprints, exhibits, etc.; through its national office, furnishes consultation and guidance to members, chapters, schools of physical therapy, employing agencies, and allied organizations; maintains a placement service for its members and assists employing agencies in locating qualified physical therapists; and holds an annual conference which serves as a forum and a refresher course for its members, bringing to them new developments and trends in physical therapy and allied fields. The Association is an active member of the National Health Council and is a founding member of the World Confederation for Physical Therapy.

Periodical: Physical Therapy Review, monthly, \$7.00 a year in the United States, \$8.00 a year in other countries.

American Planning and Civic Association, Inc. (1935); 901 Union Trust Bldg., Washington 5, D.C.; Mrs. Dora A. Padgett, Secretary and Editor.

Membership: Individuals, 1,500; organizations, 350 government agencies, libraries, and associations.

Purpose and Activities: To educate the American people to an understanding and appreciation of local, state, regional, and national planning for the best use of urban and rural land, and of water and other natural resources; and to promote the safeguarding and planned use of local and national parks, the conservation of natural scenery, the advancement of higher ideals of civic life and beauty in America and the improvement of living conditions, and the fostering of wider

educational facilities in schools and colleges along these lines. The Association holds an annual citizens' conference on planning.

Periodicals: Planning and Civic Comment, quarterly, available through membership, \$10 a year, including American Planning and Civic Annual, sold separately at \$3.00 a copy.

American Printing House for the Blind, Inc. (1858); 1839 Frankfort Ave., Louisville 6; Finis E. Davis, Superintendent.

Purpose and Activities: To provide literature and appliances for the blind on a nonprofit basis. Embossed books, books in large type, Talking Book records, and tangible apparatus for educational purposes are provided through a federal appropriation and are distributed on a per capita basis to all public educational institutions educating blind children, Grades I through XII, throughout the United States and its territories. Books and periodicals—both Braille and Talking Book—are manufactured at cost for organizations which provide free literature for the blind. Inquiry and research in the specific problems relating to the selection and preparation of literature and appliances for the blind and near-blind are conducted. Departments are maintained for the embossing and printing of Braille books and magazines, the publications of books in large type, the recording and pressing of Talking Book records, and the manufacture of special appliances for the use of the blind.

American Protestant Hospital Association (1920); 840 No. Lake Shore Drive, Room 640, Chicago 11; Leo M. Lyons, Executive Director.

Membership: Individuals, 300; hospitals, 325; sustaining, 50.

Purpose and Activities: To associate all hospitals affiliated with Protestant churches for the sake of reaching the highest standards and securing adequate (but not duplicate) covering of the field of hospital endeavor, to study the entire field occupied by Protestant hospitals, to recruit student nurses for schools of proper standards, to encourage schools of nursing to train their students in strong Christian spirit, to secure church and public assistance for Protestant hospitals, and to bring hospital aid to the neglected poor and to those living in remote places. The Association cooperates with the National Council of the Churches of Christ in the United States of America in the study of religious work in the hospital, with particular emphasis on the work of the chaplain.

Periodicals: Bulletin, quarterly, \$1.00 a year; Convention Program, annually.

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American Psychiatric Association, Inc. (1844); 1270 Avenue of the Americas, New York 20; Austin M. Davies, Executive Assistant. Mathew Ross, M.D., Medical Director, 1700—18th St., N.W., Washington, D.C.

Membership: Individuals, 11,500. Membership is limited to physicians meeting specified requirements.

Purpose and Activities: To further the study of subjects pertaining to the nature, treatment, and prevention of mental disorders; to further the interests, maintenance, and advancement of standards of hospitals for mental disorders, of outpatient clinics, and of all other agencies concerned with the social and legal aspects of these disorders; and to further psychiatric education and research. The Association maintains offices in Washington, D.C., New York City, and Toronto.

Periodicals: American Journal of Psychiatry, monthly, \$12 a year; Mental Hospital Service Bulletin, monthly.

American Psychological Association, Inc. (1892); 1333 Sixteenth St., N.W., Washington 6, D.C.; Dr. John G. Darley, Executive Secretary.

Membership: Individuals, 17,500. Membership is limited to those meeting certain educational and professional requirements.

Purpose and Activities: To advance psychology as a science, as a profession, and as a means of promoting human welfare. The Association attempts to further these objectives by holding annual meetings, publishing psychological journals, conducting a personnel placement service for psychologists, and working toward improved standards for psychological training and service.

Periodicals: The American Psychologist, monthly, \$8.00 a year; Contemporary Psychology, monthly, \$8.00 a year; Psychological Abstracts, bimonthly, \$16 a year; Journal of Applied Psychology, bimonthly, \$8.00 a year; Journal of Comparative and Physiological Psychology, bimonthly, \$8.00 a year; Journal of Consulting Psychology, bimonthly, \$8.00 a year; Journal of Experimental Psychology, monthly, \$16 a year; Psychological Bulletin, bimonthly, \$8.00 a year; Psychological Review, bimonthly, \$8.00 a year; Journal of Abnormal and Social Psychology, bimonthly, \$16 a year; Directory, Psychological Monographs: General and Applied, \$8.00 a volume.

American Public Health Association, Inc. (1872); 1790 Broadway, New York 19; Dr. Berwyn F. Mattison, Executive Director.

Membership: Individuals, 12,597; affiliated societies and branches, 48. Membership is open to persons engaged or interested in public health work.

Purpose and Activities: To protect and promote public health by the following means: a monthly journal; an annual meeting; the conduct of surveys and an information service; and studies and reports of over 100 volunteer technical committees which are concerned with problems of public health administration, research, education, and standardization. The Association has the following sections: Dental Health, Engineering, Epidemiology, Food and Nutrition, Health Officers, Laboratory, Maternal and Child Health, Medical Care, Mental Health, Public Health Education, Public Health Nursing, School Health, and Statistics.

Periodical: American Journal of Public Health, monthly, \$12 a year.

American Public Welfare Association, Inc. (1930); 1313 East 60th St., Chicago 37; Loula Dunn, Director.

Membership: Individuals, 4,800; organizations, 1,600.

Activities: The Association assists in the development and maintenance of sound principles and effective administration of public welfare services; provides technical, consultant, and advisory services to legislative and administrative authorities and to public welfare officials; acts as a clearinghouse for exchange of thought and experience in the public welfare field; and promotes the development of methods of training public welfare personnel. In all of these activities the Association cooperates with federal agencies and with national organizations in the public and private welfare field. The National Council of State Public Assistance and Welfare Administrators, the National Council of Local Public Welfare Administrators, the National Council of Field Representatives, the National Council of Public Welfare Board Members, and the National Council of State Directors of Programs for Children and Youth are organized within the Association. A program of 6 annual regional conferences for the full Association membership supplements the Round Table Conference held biennially in odd-numbered years in December.

Periodicals: Public Welfare, quarterly, \$4.00 a year; Letter to Members, 8 to 12 issues a year, \$2.00 (additional with subscription to Public Welfare); Public Welfare Directory, annually, \$7.50 a copy.

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American Recreation Society, Inc. (1938); Room 321, Portland Bldg., 1129 Vermont Avenue, N.W., Washington 5, D.C.; Howard Jeffrey, Executive Director.

Membership: Individuals, 5,154; organizations, 31 state chapters. Membership is open to full-time professional employees in executive or leadership capacity associated with the various situations to which recreation is adapted, and to students attending colleges and universities as recreation majors.

Purpose and Activities: To unite in one organization all professional recreation personnel in the United States of America; to further the development of strong and effective state organizations; to foster standards and program facilities and personnel; to foster and maintain a code of ethics; to encourage and promote adequate programs of preservice, inservice, and professional education for recreation personnel; to cooperate with all international, national, and state services, and professional organizations and agencies for similar or related objectives; to publish a Bulletin and other media for the dissemination of information concerning activities and interests of the organization; to act as an agency for representing recreation personnel when group representation is desired; to protect the interests of recreation personnel as a group in situations where their professional interests are involved; to encourage study and research on matters of professional interest. The Society has the following sections based on employment of its members: Armed Forces, Church, Hospital, Industrial, Parks, Private and Voluntary Agencies, Professional Education, Public Recreation, Rural, and State and Federal Services. The Society, besides having the usual standing committees, has many other national committees including Awards and Citations, International, Legislation, Membership, Necrology, Personnel Standards, Recruitment, Publications, Public Relations, Research and Study, Program Standards, Facilities Standards, Objectives, and Policy Statement.

Periodicals: The Bulletin, The Newsletters, and the American Recreation Annual.

American School Health Association (1927); Kent State University, Kent, Ohio; A. O. DeWeese, M.D., Secretary-Treasurer.

Membership: School physicians, dentists, nurses, nutritionists, and health educators, 4,000.

Purpose and Activities: To promote comprehensive and constructive school health programs, including the teaching of health, health services, and healthful school living. The Association is

active in promoting higher standards for the professions concerned, and is striving constantly to improve and promote school health work in teacher-training institutions. It is a collective medium for improving the standards of school health. The Association maintains a cooperative informational service for its members. The journal which it publishes is devoted exclusively to the promotion and extension of comprehensive and constructive school health programs.

Periodical: Journal of School Health, monthly September through June, \$4.00 a year.

American Seamen's Friend Society, Inc. (1828); 550 West 20th St., New York 11; Walter E. Messenger, Executive Director. William A. Hallen, Chaplain.

Activities: The Society maintains a library for seamen at the above address, and places libraries and magazines for the use of the crew on board ships of all nations sailing from the Port of New York. Additional shore libraries are maintained at United States Public Health Marine Hospitals at Hudson and Jay Streets, New York; Stapleton, Staten Island, New York; Manhattan Beach, Brooklyn, New York; British Merchant Navy Club, New York. Promotes adult education for merchant seamen by furnishing and maintaining technical libraries available to seamen in various ports throughout the country, cooperates in and supplements work for seamen, and maintains a free information service for merchant seamen and their friends.

American Social Hygiene Association, Inc. (1914); 1790 Broadway, New York 19; Conrad Van Hyning, Executive Director.

Membership: Individuals, 700; organizations, 43 (affiliate, cooperating and participating classes of organization membership).

Purpose and Activities: To strengthen family life and to protect youth and families from physical, psychological, and environmental conditions inimical to family health and stability. The Association currently conducts regional projects in education for personal and family living which involve teachers and other professional personnel in 19 states and in the District of Columbia; provides consultation and demonstration services in such education in all states and in the territories; publishes and distributes more than 1,500,000 booklets and similar educational materials annually to parents, young people, and youth-serving personnel in schools, churches, group work agencies, and other community centers. The Association engages in extensive research into

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causative factors in adolescent behavior and utilizes its findings in total agency program. ASHA also makes annual studies of the status of the venereal disease control problem in all states and territories and in major cities; publicizes its findings; makes them available to legislative bodies concerned with appropriations for VD control. A broad program of public information about the hazards of VD is a consistent Association activity. At the request of the United States Public Health Service, the Armed Forces, civic authorities, and community leaders, the Association conducts scientific studies of commercialized prostitution and allied conditions, makes confidential reports of its findings, and through its regional staff, works with community leadership to clean up unsavory conditions or to maintain clean conditions, where these are found. The Association is the Office for the Americas of the International Union against the Venereal Diseases and Treponematoses and members of its staff and board are also officers of the Union. The international activities of ASHA include close cooperation with the United Nations, World Health Organization, and UNICEF. Continuous clearinghouse and demonstration service is rendered to the Association's affiliates and to other organizations and agencies, upon request.

Periodicals: The Social Hygiene News, issued nine times a year; Social Hygiene Papers, issued periodically.

American Society for Public Administration (1939); 6042 Kimbark Ave., Chicago 37; Robert J. M. Matteson, Executive Director.

Membership: 7,000. Chapters, 70.

Purpose and Activities: An educational and professional organization devoted to better understanding of public administration and more effective execution of governmental programs. Facilitates the exchange of knowledge and experience among persons actively interested in public management as a career aspect of government. Holds national and regional conferences and encourages local and state chapters. Maintains a continuing education and research program, offers professional information through its Personnel Exchange and the Social Science Library Service, and conducts an international and comparative administration program through the Society's International section (the U.S. Section of the International Institute of Administrative Sciences).

Periodicals: Publications include Public Administration Review (quarterly), Public Administration News (seven times yearly), Public Administration Bulletin (semi-monthly news releases),

ASPA Special Notes (career opportunity listing and calendar of meetings), and International Administration. Regular membership, covering Review and News, \$10 a year.

American Society of Planning Officials (1934); 1313 East 60th St., Chicago 37; Dennis O'Harrow, Executive Director.

Membership: Individuals and organization, 3,800.

Purpose and Activities: To promote efficiency of public administration in land and community planning. The Society serves as a clearinghouse for planning information; publishes and distributes bibliographies and special reports on various aspects of planning; holds annual national planning conferences; maintains a personnel service; furnishes consultation in the field; assists in the establishment of official planning agencies; and provides planning advisory service, including consultative service in solving technical planning problems and periodic information reports. Planning advisory service is available, on a subscription basis, to state, county, and city planning agencies, housing authorities, redevelopment commissions, planning consultants, and interested individuals.

Periodicals: ASPO Newsletter, monthly; Planning Advisory Service Information Reports, monthly, subscription only; Zoning Digest, monthly, subscription only; Proceedings of Annual National Planning Conference, \$5.00 a copy to non-members.

American Sociological Society, Inc. (1905); New York University, Washington Square, New York 3; Matilda White Riley, Executive Officer.

Membership: Individuals, 6,300.

Purpose and Activities: A nationwide organization of persons interested in research, teaching, and application of sociology. It seeks to stimulate and improve research, instruction, and discussion, and to encourage cooperative relations among persons engaged in the scientific study of society. A file of sociological research in progress is maintained, and an annual meeting held for the presentation and discussion of research methods and findings. The Society's program typically includes the following fields of interest: community and ecology, criminology, the family, political sociology, population, social psychology, social research, social theory, social work, and sociometry.

Periodicals: The American Sociological Review, bimonthly, \$8.00 a year; Sociometry, quarterly, \$9.00 a year.

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American Speech and Hearing Association, Inc. (1925); formerly American Speech Correction Association; 1001 Connecticut Ave., N.W., Washington 6, D.C.; Kenneth O. Johnson, Executive Secretary.

Membership: Members, 4,263; associates, 504. Membership is limited to persons meeting specified requirements.

Purpose: To stimulate more intelligent interest in problems of speech correction and hearing; to raise standards among workers in speech correction and hearing; to furnish the profession with responsible and authoritative leadership; to make leadership respected by means of scholarly research, publicity, and administrative skill; and to make membership a coveted honor and recognition of merit.

Periodicals: The Journal of Speech and Hearing Disorders, and the Journal of Speech and Hearing Research, each published four times a year, \$5.00 a year domestic, \$5.50 a year foreign; Monograph Supplements, published irregularly.

American Statistical Association, Inc. (1839); 1757 K St., N.W., Washington 6, D.C.; Donald C. Riley, Secretary-Treasurer.

Membership: Individuals, 7,000; chapters, 38 state and urban. Membership is open to persons interested in the theory and applications of statistics.

Purpose and Activities: To promote the development of statistical science, the elevation of statistical standards, and the improvement of statistical data. The organization has various committees on statistical applications and advisory committees to the U.S. Government. The latest membership directory, published every 3 years, was issued in 1958.

Periodicals: The American Statistician, bimonthly, \$1.50 a year; Journal of the American Statistical Association, quarterly, \$8.00 a year; Technometrics, quarterly, \$8.00 a year.

American Veterans Committee, Inc.; 1830 Jefferson Place, N.W., Washington 6, D.C.; Irvin Lechliter, National Executive Director.

Membership: 25,000 veterans in 200 chapters. All persons, regardless of national origin, color, creed or sex, who subscribe in writing to the principles of the organization, as set forth in the Preamble to the Constitution, if they have served honorably on a full-time status in the armed forces of the United States during World War II, World War I, or the Korean Conflict beginning

June 27, 1950. U.S. citizens, who served honorably in the armed forces of any of the other allied or United Nations during World War II, World War I, or the Korean Conflict, are also eligible for membership in AVC. Members of the Communist Party and others who adhere to totalitarian beliefs are ineligible for membership.

Purpose: To preserve the Constitution of the United States; to insure the right of free speech, free press, free worship, free assembly, and free elections; to provide thorough social and economic security to all; to maintain full production and full employment in our country under a system of private enterprise in which business, labor, agriculture, and government cooperate; to promote peace and good will among all nations and all peoples; to support active participation of this Nation in the United Nations and other world organizations whose purposes are to improve the cultural, commercial, and social relations of all peoples; to provide such aid to disabled veterans as will enable them to maintain the position in society to which they are entitled; to provide such financial, medical, vocational, and educational assistance to all veterans as is necessary for complete readjustment to civilian life; to resist and defeat all attempts to create strife between veterans and non-veterans; and to foster democracy.

Periodical: AVC Bulletin, monthly.

American Women's Voluntary Services, Inc. (1940); 125 East 65th St., New York 21; Mrs. Walter S. Mack, President.

Membership: Volunteers, 5,000; units, 40.

Purpose and Activities: To offer an opportunity for every woman to serve her country and her community loyally and efficiently without regard to creed, color, or age. The organization supplements but does not duplicate the work of other recognized civic and social agencies. It is non-political and nonpartisan. It recruits, mobilizes, and trains women for all types of community service and places them where they may be of maximum assistance to give service to recognized local agencies. Its services include the following: motor transportation for veterans and disabled civilians and children; work in veterans and civilian hospitals; staffing and maintenance of child care centers, information centers, and Golden Age clubs; making of children's clothes for local welfare agencies and for overseas relief; a youth program; organization and maintenance of Junior Auxiliaries; and collection of books and records for hospitals and children's institutions.

Periodical: The National News Letter, semi-annually.

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American Youth Hostels, Inc. (1934); 14 West 8th St., New York 11; Justin J. Cline, Executive Director.

Membership: Individuals, 12,450; organizations, 224.

Purpose and Activities: To help all people, especially young Americans, to become healthy, self-reliant, community and world-minded citizens through the friendly educational and recreational experiences of travel by their own power (bicycling, hiking, canoeing, skiing, or horseback riding) and through the use of hostels (inexpensive overnight accommodations) chartered by the organization and supervised by resident house-parents. Youth hostels are located in 22 states but are concentrated mostly in New England, the Great Lakes region, Pennsylvania, Potomac area (Maryland, Virginia, and Washington, D.C.), and California. AYH is associated with youth hostel associations in 32 other countries through the International Youth Hostel Federation.

Periodicals: AYH Handbook and Hostellers' Manual, annually, \$1.00 a copy.

Anti-Defamation League of B'nai B'rith (1913); 515 Madison Ave., New York 22; Benjamin R. Epstein, National Director.

Purpose and Activities: To promote positive human relations through a broad intergroup and intercultural program. Included in a Program Division are departments whose projects and materials are adapted to suit the needs of different age and interest groups: Education; Foreign Language; Interreligious Cooperation; Audio Visual including Motion Pictures, Radio, and Television; National Organizations including Labor, Veterans, and Youth Organizations; Publications and Graphics; and Program Services. The Civil Rights Division maintains Fact-finding and Research Departments to acquaint it and the general public with all evidences of anti-Semitism and similar indications of intergroup hostility, and also operates a Discriminations Department surveying discriminatory patterns in employment, housing, education, and public accommodations, and a Law Department. The Community Service Division directs the League's field service, transmitting materials and projects between national headquarters and the League's 25 regional offices scattered throughout the country, as well as to the 350,000 members of B'nai B'rith. Public Relations and Production Division designs and produces all printed material of the organization, edits its periodicals, and directs publicity and public relations program.

Periodicals: ADL Bulletin, monthly except July and August, \$1.50 for 2 years; The Facts, bimonthly, free; Rights, bimonthly, free; and Christian Friends Bulletin, bimonthly, free to clergymen and religious educators.

Army Relief Society, Inc. (1900); 30 West 44th St., New York 36; Mrs. Hugh J. Casey, President.

Activities: The Society provides relief in cases of emergency for dependent widows and orphans of officers and enlisted men of the Regular Army of the United States, active or retired. It provides scholarship aid for such beneficiaries.

Periodical: The Army Relief Society Year Book, annually, free.

Arthritis and Rheumatism Foundation, The (1948); 10 Columbus Circle, New York 19; Thomas E. Freeman, Executive Director.

Membership: Chapters, 59.

Purpose and Activities: The Foundation is incorporated under the laws of the State of New York for the purpose of raising, dispensing, and administering funds with the following objectives: to provide special training in rheumatic diseases to more doctors; to increase the number of scientists investigating these diseases; to finance the development and enlargement of research, training, and treatment centers; to increase local treatment facilities for rheumatic sufferers; to extend public knowledge of social and economic costs of the rheumatic diseases; to emphasize importance of early diagnosis and treatment; and to enlist public support of the Foundation.

Periodical: Bulletin on Rheumatic Diseases, monthly except June, July, August, free to doctors and medical libraries.

Association for the Aid of Crippled Children (1900); 345 East 46th St., New York 17; Leonard W. Mayo, Director.

Purpose and Activities: A national organization devoted to the prevention of crippling diseases and conditions and to improvement in the care of disabled children and youth. Grants are made here and abroad to support research on prenatal life, perinatal mortality, and the social and emotional factors in disability. Conferences are held and surveys conducted to stimulate communication and collaboration in rehabilitation and research and to open new areas of investigation. In conjunction with these aims, technical and

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popular materials are published and consultation is provided to organizations and individuals professionally involved in the fields of the Association's interest.

Association of American Medical Colleges (1876); 2530 Ridge Ave., Evanston, Ill.; Ward Darley, M.D., Executive Director.

Membership: Medical colleges, 88 in the United States, 12 in Canada, and 1 in the Philippines.

Activities: The Association maintains records of applications, admissions, and scholastic accomplishment of students in medical schools of the United States; conducts studies of admission problems, financing medical education, audio-visual aids, and internships and residences; conducts surveys of medical schools; sponsors the Medical Audio-Visual Institute; and acts as clearinghouse on information on medical education. The Association is a member of the National Health Council.

Periodical: Journal of Medical Education, monthly, \$7.00 a year.

Association of Girl Scout Professional Workers (1939); 1775 Broadway, Redwood City, California; Barbara Hallman, President.

Membership: Individuals, 896.

Purpose and Activities: To provide a continuing association of Girl Scout professional workers in order to foster within its membership a high standard of professional staff service to the Girl Scout movement. Current program emphases for the triennium are: how to lead in exemplifying the basic philosophy of Girl Scouting; how to be more effective as team members with volunteers; how to take leadership in community relations; how to better apply our knowledge and understanding of children to achieve quality program. Projects and activities are conducted through a sectional plan of organization. Conventions are held triennially.

Periodicals: AGSPW Bulletin, 2 issues yearly; Convention Workbook; Triennial Report; Membership Directory.

Association of Jewish Community Relations Workers (1950); Room 1530, 55 W. 42d St., New York 36; Sidney Z. Vincent, President.

Membership: Individuals, 125. Persons engaged professionally in Jewish community relations work are eligible for membership.

Purposes: To establish and maintain high standards for those engaged professionally in community relations; to encourage and provide opportunities for the exchange of views and experiences on problems, programs, and trends in community relations work; to stimulate the development, presentation, and analysis of ideas, concepts, skills, and techniques in community relations work; to encourage cooperation between Jewish community relations workers and other communal workers and between the Association and other professional associations in related fields; and to encourage among Jewish community relations workers the fullest possible understanding of Jewish life and values and the application of Jewish ideals of social justice and human dignity. Affiliated with National Conference of Jewish Communal Service.

Periodical: Community Relations Papers, issued irregularly.

Association of Schools of Public Health (1941); c/o Graduate School of Public Health, University of Pittsburgh, Pittsburgh 13, Pa.; Dr. W. L. Treuting, Secretary-Treasurer.

Membership: Accredited schools of public health in the United States and Canada.

Activities: Periodic meetings to discuss mutual problems of the schools.

Association of Secretaries of the Young Men's Christian Associations of North America (1871); 291 Broadway, New York; Leslie J. Tompkins, Executive Secretary.

Membership: Individuals, 4,000. Active membership is limited to secretaries of YMCA's in Canada and the United States. Associate membership is open to other YMCA employees who carry professional duties.

Purpose and Activities: To develop and maintain high standards of professional workmanship among secretaries of the Young Men's Christian Associations, and to give continuing attention to professional education, on-the-job training, research, employment, security, and professional ethics. The Association holds a General Conference triennially (next in 1960). It has constituent sections related to specializations within the secretaryship, state and interstate chapters, and 7 summer conferences organized on a territorial basis.

Periodical: The Association Forum, bimonthly, \$5.00 a year.

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Association of State and Territorial Health Officers (1942); State Office Bldg., Richmond, Virginia; Mack I. Shanholtz, M.D., Secretary-Treasurer.

Membership: Individuals, 54. Membership is limited to directors of state and territorial health departments.

Activities: The Association gives consideration to any policy of any governmental or voluntary agency dealing with matters pertaining to human health which may affect the administration of the department of health of any state, territory, or possession of the United States, especially in its interstate or federal relationships.

Association of State Conferences of Social Work (1924); 22 West Gay St., Columbus 15, Ohio; Ralph D. L. Price, Secretary.

Purpose and Activities: An organization of state conferences of social work, sponsored and provided secretarial service by the National Conference on Social Welfare to serve state conferences and to represent them in relations with national organizations; to sponsor a national meeting in conjunction with the Annual Forum of the National Conference on Social Welfare and regional meetings as opportunities arise; to collect and circulate state conference programs and other publications of general interest to them; and to advise the National Conference on Social Welfare on its other services to state conferences.

Periodical: Directory of State Conferences of Social Work.

Association of the Junior Leagues of America, Inc. (1921); Waldorf Astoria, 305 Park Ave., New York 22; Mrs. Alexander Shipman Parr, Administrator.

Membership: Individuals, 73,000; Leagues (chartered by the Association), 184 in the United States, 7 in Canada, and 1 in Mexico.

Purpose and Activities: To unite in one body all Junior Leagues and to promote their individual purposes, namely, to provide the highest caliber volunteer service to the community. The Association's services—Arts, Children's Theatre, Creative Dramatics, Education, General Program, Public Relations, Puppetry, Radio and Television, and Welfare—are available to local Leagues on a consultant or advisory basis. The emphasis of the constituent Leagues' programs is centered on volunteer service to community agencies and education for citizenship.

Periodical: Junior League Magazine, bimonthly, \$2.00 a year.

Association of Volunteer Bureaus (1951); 345 East 46th St., New York 17; Eugene Shenefield, Secretary.

Membership: Organizations, 100.

Purpose and Activities: To promote the organization and standards of operation of volunteer bureaus. Holds annual workshops and sponsors regional institutes for lay and professional leaders of volunteer bureaus. Identifies and works on problems common to the operation of volunteer bureaus.

Periodical: Volunteer Viewpoint, quarterly newsletter, free to members.

Association on American Indian Affairs, Inc. (1922); 48 East 86th St., New York 28; LaVerne Madigan, Executive Director.

Membership: Individuals, 2,000; regional branches, 5.

Purpose and Activities: To promote the welfare of the American Indian in the United States by creating an enlightened public opinion, by assisting and protecting him against encroachment of his constitutional rights, by aiding in the improvement of health and educational conditions, and in preserving and fostering his arts and crafts. The Association gathers and disseminates facts bearing on the welfare of the Indians and assists in formulating and making effective a constructive national policy on Indian affairs.

Periodicals: Indian Affairs, newsletter, 6 issues a year and special field reports.

Baker—George F. Baker Trust (1942); 2 Wall St., New York 5; Sheridan A. Logan, Executive Secretary.

Purpose and Activities: To aid corporations organized and operated exclusively for religious, charitable, scientific, literary, or educational purposes.

Baptist Convention, American, Council on Christian Social Progress (1941); 152 Madison Ave., New York 16; John W. Thomas, Executive Secretary.

Purpose and Activities: To coordinate within the denomination a consciousness of social issues, and to assist the churches in carrying out their responsibility thereto. The Council represents the Convention and stimulates social education and action programs in the local church, and represents the Convention in interdenominational action in matters of community and international concern.

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Big Brothers of America, Inc. (United States and Canada) (1947); 1007 Suburban Sta. Bldg., Philadelphia 3; Charles G. Berwind, President; Goesta Wollin, Executive Director.

Membership: Organizations, 35 local accredited Big Brother Associations in the United States and 2 in Canada.

Purpose and Activities: The primary service of Big Brothers of America, Inc. is to help to organize Big Brother associations in those communities expressing a desire and need for a Big Brother program. The secondary service of this organization is to help local Big Brother groups which are already organized or are in the process of organization to maintain acceptable standards of work.

Community Program: Big Brother work is especially designed to serve boys who have problems because they lack the guidance that a father should provide. These boys are helped to become worthwhile citizens through the personal interest and friendship of volunteer laymen working in cooperation with trained professional social workers. The volunteer relationship is one man to one boy based on the concept that boys between the ages of 8 and 17 who are problems because they lack a father's guidance need the sympathy and helpful influence of mature, responsible men so that they may have a good example to follow.

National Program: The National staff makes visits to communities seeking to organize Big Brother groups and meets with community groups and social planning councils studying the need for Big Brother service. It assists in the preparation and conduct of such studies. The National office assumes a continuing responsibility for keeping its affiliates informed of the best social work practices through field visits, correspondence, and published material. Additionally the National office acts as a clearing-house for personnel qualified to serve on the staff of affiliate agencies.

Blinded Veterans Association (1945); 3408 Wisconsin Ave., N.W., Washington 16, D.C.; William W. Thompson, Executive Director.

Membership: Individuals, 800; organizations, 22. Individual membership is limited to U.S. service-connected blinded veterans.

Activities: The national organization handles requests received from blinded veterans for assistance with government agencies; has established a field program to aid blinded veterans with rehabilitation in their home areas; and

publishes a bulletin containing information of interest to the blinded veteran and those working with him. It holds annual conventions, makes studies, and recommends legislation. Regional groups hold local meetings to work out common problems, engage in social events, and publish local newsletters.

Periodical: BVA Bulletin, bimonthly, \$2.00 a year.

Blue Cross Commission of the American Hospital Association (1937); 840 N. Lake Shore Drive, Chicago 11; Richard M. Jones, Director.

Membership: 83 Blue Cross Plans.

Purpose and Activities: The Commission is the national coordinating agency of the Blue Cross Plans of the United States and Canada. As such it establishes and maintains contacts with other national agencies; provides to members such research, consultative, and informative services as may seem desirable or necessary; plans programs on hospital service plan problems for annual meetings of the American Hospital Association; and holds Annual Conferences of members.

Periodical: Blue Print for Health, quarterly, priced for mass distribution.

Blue Shield Medical Care Plans, Inc. (National Association of Blue Shield Plans) (1946); 425 North Michigan Ave., Chicago 11; John W. Castellucci, Executive Vice President.

Membership: Organizations, 71 Plans operating in 44 states, the District of Columbia, and 8 Canadian provinces. Thirty-six Plans are state-wide, 29 are local, and 6 are located in Canada. Membership is limited to nonprofit voluntary medical care plans sponsored by local medical societies.

Purpose and Activities: To promote the establishment and operation of such nonprofit voluntary medical care plans throughout the United States and Canada as will adequately meet the health needs of the public and will preserve and advance scientific medicine and the high quality of medical care rendered by the medical profession of both countries. The organization is also known as the National Association of Blue Shield Plans, signifying that the name Blue Shield and its identifying symbol have been adopted as a trade name for its members. A directory of Blue Shield Plans operating in the United States and Canada is issued quarterly.

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B'nai B'rith Youth Organization (1924); 1640 Rhode Island Ave., N.W., Washington 6, D.C.; Dr. Max F. Baer, National Director.

Membership: 37,000 individuals of Jewish faith between the ages of 14 and 26 years.

Activities: Conducts an informal educational program revolving around religious, recreational, athletic, and community service activities. Membership represents a cross-section of the three Judaic persuasions—Orthodox, Conservative, and Reform. Religious activities include conducting of religious services, observance of holidays, etc. Membership participates in a variety of philanthropic campaigns, including work on behalf of the numerous philanthropic undertakings of its parent organization, B'nai B'rith.

Periodical: The Shofar, monthly except July and September, \$1.00 a year, free to members.

Boy Scouts of America, Inc. (1910); National Council; New Brunswick, N.J.; Arthur A. Schuck, Chief Scout Executive.

Membership: Individuals, 4,950,885 as of December 31, 1958; units, 124,549. Membership is open to all boys and to men who are citizens or have first papers.

Purpose and Activities: To promote character building and citizenship training by activities under trained volunteer leadership adapted to each of the following age groups: Cub Scouting, a home-centered program for boys 8 through 10 years of age inclusive; Boy Scouting, a vigorous outdoor program for boys 11 years of age and over; Exploring, with activities adapted to boys 14 years of age or in the ninth grade. Essential elements in all programs are the ideals of Scouting and service to others.

Periodicals: Boys' Life, monthly, \$3.00 a year; Scouting, monthly, \$1.00 a year.

Boys' Clubs of America (1906); 381 Fourth Ave., New York 16; John M. Gleason, National Director.

Membership: Organizations, 521 Boys' Clubs with over 500,000 boy members. Clubs must meet minimum standards for membership.

Purpose and Activities: A Boys' Club is a guidance and character building organization using group work, recreational, health, and informal education activities. The national organization, Boys' Clubs of America, aims to promote the establishment of Boys' Clubs and to provide program planning, personnel training and place-

ment, building planning and maintenance, publications, publicity, and finance service for its member units. The organization plans institutes and conferences for the discussion of policies, activities, and methods.

Periodical: Boys' Clubs Bulletin (contains information concerning the movement), quarterly.

Braille Institute of America, Inc. (1929); 741 North Vermont Ave., Los Angeles 29; A. T. Hunt, General Manager.

Membership: Individuals, 2,146.

Activities: Include consultation by personal interviews and correspondence; social welfare department including orientation, information service, casework, low-cost housing unit; business guidance and referrals for the employable blind; educational and recreational classes; home instruction in the use of Braille and Moon types, and in handicrafts and homemaking. The Institute prints books and magazines in Braille and Moon types on a nonprofit basis, including the following for distribution to the blind at cost: the King James Version of the Bible in Braille, 20 volumes; the Revised Standard Version New Testament in Braille, 20 volumes. The Institute sells to the blind at cost or donates appliances, games, and supplies. It maintains one of the regional free lending libraries for the Library of Congress. It uses the services of many volunteer workers.

Periodicals: The Braille Mirror, monthly, \$15.00 a year; to the blind, \$5.00; Light, in inkprint.

Brethren Service Commission, General Brotherhood Board, Church of the Brethren (1940); 1451 Dundee Avenue, Elgin, Ill.; W. Harold Row, Executive Secretary.

Purpose and Activities: To assist in the personal rehabilitation and social reconstruction of those who are in need; to relieve human distress and suffering among all peoples; to give physical and spiritual relief to refugees, exiles, prisoners, widows, and the aged; to promote educational and action programs in areas of peace, race, economics, and industrial relations, and in Christian political action; to represent the Church of the Brethren and to aid in the organization, development, and application of the spiritual and financial resources of the Church in these fields of service; and generally to engage in educational, philanthropic, and charitable work, exclusive of the care of neglected or dependent children away from their homes. These functions are carried through a national staff com-

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prising departments of Relief and Rehabilitation, Social Action, Social Education, and Social Welfare; and through a regional, district, and local church organization. The Commission, consisting of 5 members assigned annually for a 5-year term, is one of 5 commissions into which the General Brotherhood Board of the Church of the Brethren is divided.

Periodicals: Gospel Messenger, weekly, \$3.00 a year; Brethren Service News, monthly, free.

Brookings Institution, Inc. (1927); 722 Jackson Pl., Washington 6, D.C.; Robert D. Calkins, President.

Purpose and Activities: To conduct research and training in the social sciences. The Institution pursues research on important national and international economic and government problems. Many of its surveys have an important bearing on social work, notably its study of the social, economic, and administrative aspects of relief and social security, published in 1946; The Issue of Compulsory Health Insurance, published in 1948; The Cost and Financing of Social Security, published in 1949; and Health Resources in the United States, published in 1952. A broad program of economic and governmental research is being conducted. A study of the organization and financing of medical care is in progress.

Camp Fire Girls, Inc. (1910); 16 East 48th St., New York 17; Martha F. Allen, National Director.

Membership: Individuals, over 500,000. Membership is open to all girls 7 to 18 years of age.

Purpose and Program: To make available to all girls for daily living an educational-recreational program which shall include activities designed to encourage the development of spiritual and ethical values; love of home and family; pride in woman's traditional qualities—tenderness, affection, and skill in human relationships; love of country and the practice of responsible citizenship; the capacity for fun and friendship; the formation of healthful habits; initiative, self-reliance, and satisfaction in work; interests and hobbies to be enjoyed alone and with others; the appreciation of nature, and skill in out-of-door living; the ability to see beauty, romance, and adventure in the common things of life. Program activities are suited to the age groups served: Blue Birds, 7 years old, or in the second grade, through 9; Camp Fire Girls, 10, or in the fifth grade, up to 15 years old; Horizon Club, ninth grade through high school. The insignie of the crossed logs and flame symbolizes the hearth

fire of the home and the campfire of the outdoors.

Periodical: The Camp Fire Girl (program news and helps for leaders), monthly, September through June; free to registered leaders and assistant leaders; \$1.50 a year to others.

Carnegie Corporation of New York (1911); 589 Fifth Ave., New York 17; John W. Gardner, President.

Activities: At present, the Corporation is primarily interested in higher education and in certain aspects of public and international affairs. Grants are made to colleges and universities, professional associations, and other educational organizations for specific programs.

Catholic Committee for Refugees, National Catholic Welfare Conference (1937); 265 West 14th St., New York 11; Right Rev. Msgr. Emil N. Komora, Executive Director.

Activities: The Committee counsels and cooperates with Catholic refugees both here and abroad in their efforts to effect religious, social, and vocational rehabilitation. Activities include case-work, immigration and naturalization service, relief, resettlement, and national and international collaboration with Catholic agencies. The Committee also services the immigration and placement nationally of overseas Catholic orphans.

Catholic Daughters of America, Inc. (1903); 10 West 71st St., New York 23; Mrs. Anna K. Ballard, National Secretary.

Membership: Individuals, 210,000.

Purpose and Activities: To promote the material, moral, and intellectual development of Catholic womanhood and the protection and well-being of Catholic girls through junior groups. Among its activities are dispensing of charity and assisting Catholic charitable and educational projects. The organization also participates in civic and community activities.

Catholic Hospital Association of the United States and Canada (1915); 1438 South Grand Blvd., St. Louis 4; Rev. John J. Flanagan, Executive Director.

Purpose: To promote the realization of progressively higher ideals in the religious, moral, medical, nursing, educational, social, and all other phases of hospital and nursing endeavor, with special reference to Catholic hospitals and schools

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of nursing in the United States and Canada. Active membership is open to hospitals; associate membership, to related institutions and interested individuals.

Periodical: Hospital Progress, monthly, \$4.00 a year.

Central Department of Church World Service, National Council of the Churches of Christ in the United States of America; formerly Church World Service, Inc. (1946); 215 Fourth Ave., New York 3; R. Norris Wilson, Executive Director.

Membership: Protestant and Eastern Orthodox relief and reconstruction agencies of denominations related to the National Council and its units.

Purpose and Activities: To alleviate suffering through works of Christian mercy, relief, reconstruction, and inter-church aid overseas. Its Immigration Services Program assists in the resettlement of displaced persons and other refugees coming to the United States.

Child Study Association of America, Inc. (1888); 132 East 74th St., New York 21; A. D. Buchmueller, Executive Director.

Membership: Individuals, 3,000.

Activities: As a parent education organization the Association works for better family life in all its phases and for a deeper understanding of childhood. It deals with the normal problems of children and families, emphasizing the promotion of healthy personality development. It interprets for parents and professional workers the soundest findings of pediatrics, psychiatry, psychology, and education, with practical application to the everyday problems of childhood and of family and community life. Activities include: a counseling service for parents; parent discussion groups; conferences and general meetings; annual institute for workers in parent education; training of professional groups for leadership in parent education. Maintains a Program Advisory Service giving consultation to community organizations and agencies in the development of parent education programs. It has a library devoted to child development and parent education. Publications include books, pamphlets, and lists of books for parents and for children.

Periodical: Child Study (journal of parent education) quarterly, \$2.50 a year.

Child Welfare League of America, Inc. (1920); 345 East 46th St., New York 17; Joseph H. Reid, Executive Director.

Membership: Organizations, 229 accredited agencies engaged in child care and protection. Provisional membership includes 9 agencies, mostly eligible for accrediting at the end of one year. Membership includes both public and voluntary agencies. Subscription to publications is open to individuals, schools of social work, national organizations, councils of social agencies, and other community groups. Advisory service is open to agencies not yet ready for membership but which wish the League's publications, information service, and consultation.

Purpose and Activities: To develop standards of service for the protection and care of children in their own homes or away from home, through boarding home care, institutional care, adoption, day care, or homemaker service; and in community programs through the following means: cooperation with governmental departments of child care, publications, information exchange service, loan library and record forms, case record exhibit, general information and education in the field, field service consultation, and regional conferences. Over 500 agencies, in addition to member agencies, subscribe to the League's publications.

Periodicals: Child Welfare, monthly October through July, \$4.00 a year; Directory of Members, biennially, \$2.00 a copy.

Christian Churches (Disciples of Christ), National Benevolent Association of the (1887); 16th Floor, Landreth Bldg., St. Louis 2; J. Eric Carlson, Secretary.

Purpose and Activities: To provide for the physical, moral, intellectual, and spiritual wants of those who may seek or need the Association's protection and aid. For the attainment of this object, its purposes are to establish and maintain homes, hospitals, training schools, and such other institutions or supplemental care as may be conducive to these ends, and undertake such other similar work as may from time to time be considered appropriate and desirable. The Association is the administrative body for 7 homes for children and 10 homes for aged people. Admission to homes for the aged is limited to members of the Christian Church (Disciples of Christ), but children's homes are not so limited.

Periodical: NBA Family Talk, 8 issues yearly, 50 cents a year.

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Church Association for Seamen's Work, Inc. (1907); formerly Seamen's Church Institute of America; 281 Fourth Ave., New York 10; Rev. Dr. Almon R. Pepper, General Secretary.

Membership: Affiliated institutes and their branches, 9.

Purpose: To coordinate the activities of the affiliated institutes, and in cooperation with them to develop religious, educational, and recreational services for seamen in American ports. The Association is sponsored by the Episcopal Church.

Church Conference of Social Work (1930); 475 Riverside Drive, New York 27; Rev. William J. Villaume, Ph.D., Executive Officer.

Membership: Formerly a membership organization. Now an open forum for professional and lay people.

Purpose and Activities: To study problems affecting social welfare; to develop cooperation between churches and social agencies; to provide a channel for discussions by those interested in church social work; to promote wider acceptance of the resources of religion in services to individuals and groups; and to give leadership in research and improvement of standards for Christian social welfare. The Conference meets annually at the time of the National Conference on Social Welfare of which it is an associate group. It is sponsored by the Department of Social Welfare of the National Council of the Churches of Christ in the U.S.A.

Church of Jesus Christ of Latter-day Saints, Relief Society of the, (1842); 76 North Main St., Salt Lake City 11, Utah; Hulda Parker, General Secretary-Treasurer.

Membership: Individuals, 193,553; local branches, 4,321 in the 50 states, the District of Columbia, and 44 foreign countries.

Purpose and Activities: To make investigations and recommendations for ward bishops of the Church of Jesus Christ of Latter-day Saints (Mormon Church) in regard to the needs of Church families, to render compassionate services as needed, and to conduct educational work through conferences and through regular meetings (weekly, October through May; monthly, June through September) in all local branches for the study of uniform planned courses in theology, literature, and social science, and for sewing and canning for the needy. Local branches are directed by district boards which are in turn directed by the General Board of the Society.

The Society supervises the work of the Social Service and Child Welfare Department of the Relief Society General Board Association. This department is engaged in specialized welfare services requiring state licenses. Relief Society is affiliated with the National Council of Women of the United States.

Periodical: Relief Society Magazine, monthly, \$2.00 per year.

Committee on Autonomous Groups (1938); 1004 Hotel Sheraton East, New York 22; Mrs. John Rogers, Jr., Secretary.

Activities: The Committee is an informal association of laymen, social scientists, and community educators. It is interested in groups in which the relationships between the individual members are based primarily on spontaneous mutual attractions, in which aims and interests are congenial and determined by the group itself. Believing that the growing evidence of social disintegration requires critical examination of the role of these groups in modern society, the Committee endeavors to accumulate records of their educational, recreational, and social planning activities; analyze the processes natural to them; study developments in social psychology, anthropology, sociology, medicine, and adult education related to such processes; disseminate its findings; coordinate the interests and efforts of lay and professional students of these processes; and serve as a clearing center for information in this field. The Committee, wishing to preserve its character as an autonomous group, limits its membership to 15 persons.

Periodical: Autonomous Groups Bulletin, 4 issues yearly, \$2.00 a year.

Committee on the History of Social Welfare (1956); c/o Department of History, Ohio State University, Columbus 10; Robert H. Bremner, President.

Membership: Individuals, 175.

Purpose and Activities: Identifies and lists historians, social workers, and others interested in the history of social welfare; issues a news bulletin reporting current publications, research, bibliographies, etc.; promotes workshops and program meetings at national conferences of historians and social workers; promotes interest in the preservation of materials for the history of social welfare in libraries, archives, and agency files. Works closely with the American Historical Association, the Council on Social Work Educa-

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tion, and the National Conference on Social Welfare.

Periodical: Newsletter, about three times a year, free to members.

Commonwealth Fund, The (1918); 1 East 75th St., New York 21; Malcolm P. Aldrich, President.

Purpose and Activities: Under current policies, the Fund devotes the income from its endowment chiefly to the promotion of health in its broadest sense—through grants for medical education, medical research, nursing and medical fellowships, and other health services. Its primary concern is to use all these channels to encourage better and more comprehensive health care, in which due account is taken of physical, emotional, and environmental factors. As a matter of policy, grants as a rule are not made to relief projects, either abroad or at home; nor to other foundations nor to general educational institutions; nor to the building or operation of local organizations such as schools, hospitals, welfare agencies, and churches. Through the Harkness Fellowships of the Commonwealth Fund, awards may be made to degree graduates of universities and to a few others in the United Kingdom and by invitation to a few Western European postgraduate students. Other fellowships for advanced study are awarded in medicine and allied fields. Since many private and public agencies provide fellowship aid at the immediate postdoctoral level, Fund awards will be made to such persons only in unusual circumstances. The Fund sponsors a limited number of books and pamphlets of educational value in the fields of its interest, chiefly originating in work which the Fund has supported.

Community Research Associates, Inc. (1949); 124 East 40th St., New York 16; Bradley Buell, Executive Director.

Purpose: To develop more precise and scientific procedures for planning the health, welfare, and recreation services of American communities. Although the associates represent numerous professional disciplines and knowledge, they work as a group in developing unified, balanced, and practical plans. Through social research, field studies, and testing projects, selected teams evolve better methods for applying needed skills and services to the problems of individuals and families. Special research and survey reports are supplied on request. Membership is limited to associates elected by the board of directors.

Conference for Health Council Work (1926); 345 East 45th St., New York 17; Nathaniel H. Cooper, M.D., Chairman.

Membership: Individuals, 70.

Purpose and Activities: To provide for exchange of experiences and review of problems of mutual interest as they relate to program activities. To cooperate in developing standards of academic and field training for health council personnel. To assist with recruitment of personnel and the development of standards on personnel practices. To assist in clarifying the relationship between health and other coordinating and planning bodies in a community. To assist in developing criteria which can be used by community groups to evaluate the structure and program of local health councils.

Conference Group of United States National Organizations on the United Nations (1949); 170 East 64th St., New York 21; Mrs. Marion H. McVitty, Chairman.

Membership: Organizations, 65. Open to permanently established national organizations interested in the United Nations and including international affairs in their programs.

Purposes and Activities: To facilitate the exchange of information and opinion respecting the increase of public understanding of the UN and of interest in participation in its work; the development of United States policy in relation to the UN; and the services in these regards which national organizations can severally perform. Its program includes consultative sessions with members of the U.S. Delegation to the UN, panel presentations, briefing sessions, and topical programs with outside speakers. The Group also sets up special ad hoc committees on UN issues of particular interest to some of its members. Such committees develop studies and information for the Conference Group as a whole.

Conference of Executives of American Schools for the Deaf, Inc. (1868); c/o School for the Deaf, Santa Fe, N.M.; Marshall Hester, President.

Purpose: To promote the management and operation of schools for the deaf along the broadest and most efficient lines, and to further and promote the general welfare of the deaf.

Periodical: American Annals of the Deaf, bi-monthly September through May, \$4.00 a year (published in cooperation with Convention of American Instructors of the Deaf), membership directory included in January issue.

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Conference of State and Provincial Health Authorities of North America (1884); G. D. Carlyle Thompson, M.D., Secretary-Treasurer. c/o State Board of Health, Helena, Montana.

Membership: Individuals, 64 state, territorial, and provincial health officers.

Purpose: To discuss scientific problems in preventive medicine, to formulate uniform projects in health work, and to act as a clearinghouse of useful information relating to preventive medicine and public health and the administration thereof. A mimeographed membership list is prepared annually.

Periodical: Proceedings, annually, not sold.

Congregational Christian Service Committee (1944); 110 East 29th St., New York 16; Rev. B. Kenneth Anthony, Executive Secretary.

Purpose and Activities: The Congregational Christian Service Committee is the relief and rehabilitation agency of the Congregational Christian churches. It maintains social welfare projects and relief activities in France, Italy, Greece, Germany, Lebanon, and Korea. In these countries it maintains personnel while in other places such as Hong Kong it supports interdenominational or indigenous welfare programs. Mobile, short-term relief efforts are undertaken in times of catastrophe such as flood and earthquake. Longer range projects with refugee relief, resettlement, and rehabilitation are high in its priority.

Periodical: Reports, quarterly, free.

Convention of American Instructors of the Deaf, Inc. (1897); c/o St. Mary's School for the Deaf, Buffalo 14, N.Y.; Sister Rose Gertrude, Secretary.

Membership: Individuals, 2,000.

Purpose: To promote the education of the deaf on broad, modern, and practical lines.

Periodicals: American Annals of the Deaf, bi-monthly September through May, \$4.00 a year (published in cooperation with Conference of Executives of American Schools for the Deaf), membership directory included in January issue; Biennial Report of Convention.

Cooperative for American Relief Everywhere, Inc. (1945); 660 First Ave., New York 10; Richard W. Reuter, Executive Director.

Membership: Organizations, 26 national.

Activities: CARE is a nonprofit organization which assembles needed supplies and delivers

them to recipients in foreign countries at various set prices. In addition to its familiar food and textile packages (average, \$10), it now stresses self-help gifts: books, agricultural implements, building tools, midwifery kits, and other educational and health equipment to help impoverished peoples help themselves to better living standards. Individuals or organizations in the United States may order CARE gifts for specific individuals or organizations in Europe, Asia (Near, Middle, and Far East), and South America, or may ask CARE to choose individuals or institutions in need of assistance. In such cases, CARE representatives select recipients after consultation with appropriate local authorities, organizations, and representatives of its member agencies. New scientific, technical, and children's books are provided for universities, schools, and libraries in war-depleted and underdeveloped countries by the CARE Book Fund. To date, CARE has delivered over 25,000,000 packages and other supplies, valued at \$300,000,000.

Correctional Industries Association (1941); Joseph G. Iannelli, President; Earl R. Sturdevant, Asst Director of Industries, State Penitentiary, Fort Madison, Iowa, Sec.-Treas.

Membership: Individuals, 250. Membership is open to anyone working in the field of corrections.

Purpose and Activities: To serve as a clearinghouse for the exchange of ideas and information between people interested in penal industries and the furthering of correctional industrial activities. The Association is continental in scope, with representatives and membership in each of the several states, the federal government, and Canada. The Association is an affiliate of the American Correctional Association.

Periodical: Correctional Industries Newsletter, quarterly, free.

Council for Exceptional Children, The (1922), a department of the National Education Association of the U.S.A.; 1201 16th St., N.W., Washington 6, D.C.; Harley Z. Wooden, Executive Secretary.

Membership: Open to anyone interested in the education and general welfare of exceptional children.

Purpose and Activities: To promote the education of exceptional children. The Council's activities in social welfare are primarily of a cooperative nature with welfare groups interested in exceptional children ("exceptional" to be inter-

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preted as meaning the mentally and physically handicapped, emotionally disturbed, and the mentally gifted). Program operates in the United States and Canada.

Periodical: Exceptional Children, 9 issues a year, \$5.00 to libraries, \$8.50 to individuals.

Council of Jewish Federations and Welfare Funds, Inc. (1932); 729 Seventh Avenue, New York 19; Philip Bernstein, Executive Director.

Membership: 213 central community organizations serving almost 800 communities in the United States and Canada. Membership is limited to Jewish federations, welfare funds, community councils, and similar organizations which plan and/or finance Jewish social work and meet Jewish communal needs.

Activities: The Council operates through a national office and 8 regional offices to help organize community resources to meet effectively local, regional, national, and overseas Jewish needs. It serves as a cooperative association of and central clearinghouse for member agencies and acts as their instrument in dealing with national and overseas Jewish problems. Its Budget Research Department provides communities with facts on the programs, expenditures, and financing of national and overseas agencies which are supported by Jewish communities. Its Social Planning Department conducts research on local trends in health and social welfare, and aids in planning community studies and surveys. Its field representatives have headquarters in key cities of the 8 regions and provide direct aid through personal visits to communities. Its regional directors consulting with boards of directors and other community leaders aid in solving problems of community organization, fund raising, budgeting, social planning, and interpretation. Its Campaign and Community Interpretation Department helps with public relations and develops campaign materials geared to the all-inclusive scope of welfare funds. Its Personnel Department aids in referral of qualified persons for community organization and administrative positions, and is active in personnel recruitment, initiating and developing scholarships to meet personnel shortages. It conducts the Health Services Coordination Study on a special grant from the U.S. Public Health Services and the National Jewish Cultural Study on a grant from a special endowment. The annual General Assembly and regional conferences of the Council bring together national and local lay and professional leaders to exchange experience, consider common problems, and coordinate their planning and activities in welfare work and Jewish group organization.

Periodicals: The Jewish Community, 4 to 6 issues yearly, \$1.00 a year; Directory of Jewish Federations, Welfare Funds and Community Councils, annually, \$1.00 a copy; Directory of Jewish Health and Welfare Agencies, biennially, \$1.00 a copy; Building the Successful Campaign, \$2.25 per copy; Yearbook of Jewish Social Services, annually, \$1.00 a copy.

Council of State Governments (1925); 1313 East 60th St., Chicago 37; Brevard Carihfield, Executive Director.

Activities: The Council of State Governments is a joint agency established by the states, for service to the states, supported by the states. It serves as a clearinghouse for information and research, serving all the states; a medium for improving legislative and administrative practices of state governments; an instrumentality for encouraging full cooperation among the states in the solution of interstate problems, both regional and national; and a means of facilitating and improving federal-state relations. The Council provides the staff for the Governors' Conference, Conference of Chief Justices, National Legislative Conference, National Associations of Attorneys General, State Budget Officers, State Purchasing Officials, the Parole and Probation Compact Administrators' Association, Juvenile Compact Administrators' Association, and National Conference of Court Administrative Officers.

Periodicals: The Book of the States, biennial, 1958-59 edition, \$9.00 with two 1959 supplements, \$12; State Government, quarterly, \$5.00 a year; State Government News, monthly, \$2.00 a year; Current Legislative Sessions, weekly, \$3.00 a year; Digest of Opinions of Attorneys General, weekly, \$10 a year.

Council of the Southern Mountains, The, Inc. (1913); Box 2000 College Station, Berea, Kentucky; P. F. Ayer, Executive Secretary.

Members and Subscribers: 1,550 individuals, organizations, church boards, private and public schools and centers, foundations, civic groups.

Purpose and Activities: To promote fellowship and cooperation among persons and organizations engaged in education, social welfare, and religious work in the Southern Highlands; to seek out and formulate plans to increase the economic welfare of mountain people through improved agriculture, small local industries, and cooperatives; to encourage research on mountain problems; and to publish a magazine devoted to education upon and the promotion of the above program. The Council administers the following

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projects: recreation, sponsoring leadership courses and festivals; and child health, with special funds administered by the Council's Health Committee in cooperation with local health authorities. The Council sponsors an annual conference and such regional ones as are needed and conducts study tours through the area. It also cooperates in the annual folk festival held at Berea College and the Christmas country dance school, a training school for recreation leaders.

Periodical: *Mountain Life and Work*, quarterly, \$1.00 a year.

Council on Social Work Education, Inc. (1952); 345 East 46th St., New York 17; Ernest F. Witte, Executive Director.

Membership: Open to accredited graduate schools of social work; undergraduate departments offering a concentration in subjects related to social welfare; the professional membership association of social workers; public and private national employing agencies; and organizations and individuals having an interest in social work education.

Purposes and Activities: The Council on Social Work Education is an educational agency with responsibility to speak and act for the social work profession on all educational matters of common concern. It is a merger of the National Council on Social Work Education, the American Association of Schools of Social Work, and the National Association of Schools of Social Administration. It seeks to enlist the understanding and support of the general public as well as those with special interest in this field in the development of educational programs which will produce high professional standards of competence. Its purpose is to promote the development of sound programs of social work education in the United States, its territories and possessions, and Canada, through such activities as: the establishment of educational standards and the accreditation of schools which meet prescribed standards; the provision of consultation service to stimulate self-study and promote imaginative educational development; the formulation of appropriate subject matter for the professional curriculum and for undergraduate study; the coordination and stimulation of efforts to recruit and select promising candidates for the profession; the identification of research problems and the sponsorship of research projects designed to improve social work education; the development of teaching materials and other teaching aids; the interpretation, through publications, meetings and forums, and other means of communication, of the objectives, nature, and content of social work education; the promotion of in-

terest and cooperative work on the development of sound programs of social work education in the international field; the stimulation of cooperative activity between school and agency in improving professional education and staff development; and the sponsorship of conferences and committee work for the discussion of educational issues and solution of educational problems. The Council publishes annually: *Statistics on Social Work Education*; *Social Work Fellowships and Scholarships in the United States and Canada*; *Education for Social Work* (Proceedings of the Annual Program Meetings). Among other Council publications are: *Social Work Education in the post-Master's Program*, No. 1—Guiding Principles, 1953; No. 2—Approaches to Curriculum Content, 1954; and No. 3—Field Work and Related Issues, 1955; *United States Government Publications in Social Welfare—A Selected Bibliography*; and *Proceedings of Selected Workshops Given at the Annual Program Meeting*. In the summer of 1959 the Council published a 13 volume report of its three and one-half year Curriculum Study. Among other recent Council publications are: *Toward a Better Understanding of the Aging* (Vol. I) and *Social Work Education for Better Service to the Aging* (Vol. II), based on a seminar held in Aspen, Colorado in the fall of 1958; *A Selected Bibliography of North American Social Welfare Literature*; *Social Science in the Professional Education of Social Workers*; and *Social Process in the Community and the Group*.

Periodical: *Social Work Education*, bimonthly newsletter; *Letter from the President*, three times yearly report; both free to members.

Daughters of Isabella, National Circle (1897); 375 Whitney Ave., New Haven 11; Mary F. Riley, Secretary.

Membership: Individuals, over 116,000; circles, 30 state in the United States, Canada, and the Philippine Islands; 763 subordinate circles. Membership is limited to Catholic women.

Purpose and Activities: To unite all Catholic women of proper age and standing in order to widen their circle of friendship, combine their resources and energies, and be of mutual assistance in times of need; and to promote the religious and social status of their sex and aid their intellectual growth. As a means to these ends the subordinate circles sponsor community projects, such as homes, camps, or study clubs for girls, and fellowships in the National Catholic School of Social Service.

Periodical: *Catholic Home Journal*, monthly.

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Disciples of Christ, Department of Social Welfare (1919); Missions Building, 222 South Downey Ave., Indianapolis 7; Rev. Barton Hunter, Executive Secretary.

Activities: The Department is a constituent part of The United Christian Missionary Society of the Disciples of Christ and carries primary responsibilities for social ministries which include: assistance in local church and community studies, ministry to migrants, sponsorship of work camps, fraternal team workers, special internships, arrangement for relief supplies, conducting annual United Nations and Washington seminars, resettlement of refugees; providing those program resources which promote temperance and narcotic education, educate for Christian citizenship, work for world peace, stand for civil liberties and free speech, combat prejudice and discrimination, and consistently encourage the establishment of local church and state committees of Christian Action and Community Service among the 8,000 churches and 1,800,000 communicants of that communion. The executive secretary also serves as Secretary of the Christian Service Committee of the Home and State Missions Planning Council, a program planning agent of the Disciples of Christ.

Periodicals: Social Action News Letter, monthly, \$1.00 a year; Christian Evangelist Front Rank, weekly, \$4.00 a year; World Call, monthly, \$2.00 a year.

Division of Home Missions, National Council of the Churches of Christ in the United States of America; 475 Riverside Drive, New York 27; Rev. Jon L. Regier, Executive Secretary; Edith E. Lowry, Associate Executive Secretary.

Membership: Home mission and church extension boards of 23 denominations, 42.

Purpose and Activities: To provide a clearing-house for Protestant home missions and church extension boards and societies; and to promote fellowship, conference, and cooperation among constituent groups. In addition, the Council administers an interdenominational program among agricultural migrants, Indian Americans, and low-income farm families.

Periodicals: Town and Country Church; The City Church; Bulletin of the National Fellowship of Indian Workers.

Episcopal Service for Youth, Inc. (1919); affiliated with the Department of Christian Social Relations of the Episcopal Church; 118 East 22nd St., New York 10; Mrs. Leonard E. Hoag, Executive Secretary.

Membership: Individual members (elected) and associate members (open to the public); organizations, 15 diocesan societies (Church Mission of Help, Youth Service, Youth Consultation Service, Church Home Society, Youth Guidance, Church Counseling Service) within the Episcopal Church.

Purpose and Activities: To aid the diocesan societies in maintaining high standards of casework and to help them meet their problems more effectively; to assist in organizing societies in dioceses where the need is felt; to join with other social work and church agencies in bettering social conditions, especially those affecting young people; and to study methods by which a closer cooperation can be brought about between the forces of religion and those of social work. The Episcopal Service for Youth is a federation of casework agencies of the Episcopal Church working with young people. The national office offers field and information service and conferences to the local societies, and also gives information and field service to other dioceses of the Church in meeting the problems of young people.

Periodicals: Jottings, 4 issues yearly; Membership Directory; List of Agency Members, annually; both free.

Eye-Bank for Sight Restoration, Inc. (1944); 210 East 64th St., New York 21; Mrs. A. Carl Competello, Executive Director.

Purpose and Activities: To make available to hospitals and surgeons who are qualified to perform the corneal graft operation a supply of fresh or preserved corneal tissue, wherever and whenever needed; to encourage and extend, by teaching and research, the knowledge and skill required to perform the operation; and to establish sources of supply of salvaged eyes and corneal tissue. A subsidiary function of the Eye-Bank is to stimulate an interest in research work on blindness resulting from corneal damage. Has affiliates in Anchorage, Alaska; Boston; Cleveland; Cincinnati; Dallas; Winston-Salem, N. C.; Roanoke, Va.; Portland, Ore.; Chicago; Ann Arbor, Mich.; Milwaukee; Philadelphia; Savannah, Ga.; Houston; Santurce, Puerto Rico.

Falk—Maurice and Laura Falk Foundation, The (1929); Farmers Bank Bldg., Pittsburgh 22; J. Steele Gow, Executive Director.

Activities: The Foundation devotes its activities principally to financing research studies of economic problems affecting the operation and development of the domestic economy of the

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United States and to financing programs and projects to further the efforts of American colleges and universities to prepare their students for avocational participation in politics as a responsibility of American citizenship. A few out-of-program grants are made to Pittsburgh medical and social welfare activities.

Periodicals: Report of the Director, biennially, free.

Family Location Service, Inc. (1911); formerly National Desertion Bureau; 31 Union Square West, New York 3; Jacob T. Zukerman, Executive Director and Chief Counsel.

Purpose and Activities: To help locate family members who have left home. The agency offers location service particularly in marital situations and provides some preliminary understanding of why a person may have left home. Helps clients to recognize the value of accepting referral to long-term casework agencies and other community resources which may be used to help the broken family to adjust to its new situation. Similar help is offered to missing persons when located. Legal advice and some court appearances offered to clients who cannot engage private attorneys. For other than legal advice, services are available to all, but moderate fees are charged geared for those able to pay; services free for those unable to pay.

Family Service Association of America, Inc. (1911); 215 Fourth Ave., New York 3; Clark W. Blackburn, General Director.

Membership: A federation of 284 local voluntary and governmental family service agencies in the U.S., Canada, and Hawaii. For membership requirements *see* FAMILY SOCIAL WORK in PART ONE.

Purpose and Activities: To promote the development of family social work and of wholesome family life in the United States and Canada through the following means: field service for family service agencies, assistance in development of qualified personnel in family casework, information and research on agency organization and program, interpretation to public of the family service movement, study and action on public issues, and publications for professional social caseworkers and the layman.

Periodicals: Family Service Highlights (official channel of communication for the membership), monthly October through June, \$1.50 a year; Social Casework, monthly October through July, \$4.50 a year; Directory of Member Agencies, annually, \$2.00 a year.

Federation of National Professional Organizations for Recreation (1953); c/o American Association for Health, Physical Education, and Recreation, 1201 Sixteenth Street, N.W., Washington, D.C.; Jackson Anderson, Secretary.

Membership: National organizations, 8.

Activities: Clearance and exchange of information among members through correspondence, committee work, and semi-annual meetings.

Fels—Samuel S. Fels Fund (1936); 1315 Walnut St., Philadelphia 7; Lewis M. Stevens, President; Dale Phalen, Secretary-Treasurer.

Activities: The work of this foundation consists almost exclusively of the support of specific scientific research projects under the auspices of a college or a university. These are usually of the advanced or post-doctoral rank, and the emphasis is on fields related to medicine, although projects in the social sciences are included.

Field Foundation, Inc. (1940); 250 Park Ave., New York 17; 401 N. Wabash Ave., Chicago 11; Maxwell Hahn, Executive Vice President.

Activities: The Foundation, established by Marshall Field exclusively for charitable, scientific, and educational purposes, is primarily a grant-making fund. Principal areas of interest are the problems of children and those arising in the field of interracial and intercultural relations. The Foundation cannot seek to influence legislation or to engage in propaganda. The Foundation prefers to contribute to projects which are truly experimental, which demonstrate new methods of education and research, and which are not primarily service projects. Grants are made only to organizations which have been granted federal tax exemption. Applications must be in writing. It does not make loans, nor contribute to building funds, endowment, scholarships, or fellowships.

Florence Crittenton Homes Association (1950); 608 South Dearborn St., Chicago 5; Mary Louise Allen, Executive Director.

Membership: Organization, individual, and associate individual.

Purpose and Activities: To unite in forming an effective and continuing organization; develop and maintain standards of service; make studies and conduct research; serve as a clearing point for exchange of ideas; provide consultation and field services; assist in planning national and regional conferences; develop effective working re-

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relationships with related services; and, in general, to assist in bringing about a greater understanding of factors relating to the unmarried mothers and adolescent girls with other problems in adjustment. The National Florence Crittenton Mission, established in 1883, has its headquarters at 408 Duke St., Alexandria, Va. (Admiral J. P. B. Barrett, Chairman Board of Trustees).

Publications: Monthly Field Reporter, Annual Report of Services, Association Annual Report, and miscellaneous informational materials.

Ford Foundation, Inc. (1936); 477 Madison Ave., New York 22; Henry T. Heald, President.

Purpose and Activities: To advance human welfare by identifying problems of importance to American society and underwriting efforts toward their solution. Its primary interest is the advancement of education. Other activities currently supported concern wider understanding of and participation in public affairs; economics and business administration; urban and regional problems; humanities and the arts; youth development; problems of the aging, science, and engineering; international understanding, training, and research; and overseas development.

Foster Parents' Plan, Inc. (1937); 352 Fourth Ave., New York 10; Gloria C. Matthews, Executive Director.

Purpose and Activities: To provide for the care, maintenance, education, training, and well-being of children orphaned and distressed and otherwise made destitute; to interest all persons of good will in the necessity of such an undertaking and to obtain their support and assistance; to cooperate and exchange information with similar groups in other countries interested in the same objectives. The Plan engages in finding "foster parents" who contribute \$180 per year per child. With funds received, Plan provides impoverished children and their families with monthly cash grants (\$8.00 per month), food, clothing, medical, educational, and social services. Foster parents receive photos and case histories of individual children assigned to them. Through an exchange of letters (translated both ways by Plan) a personal relationship is established which helps to promote international understanding. Plan is an American nonprofit voluntary foreign aid agency helping children regardless of race or creed. Currently assisting almost 15,000 children in Belgium, France, Germany, Greece, Italy, Korea, and Viet Nam. Since organized, has rehabilitated more than 76,000 children. Maintains offices in each

country, staffed by qualified personnel who service children and families on an individual basis. Invites contributions from all who desire to "adopt" and establish a personal relationship with a child overseas as well as contributions to its General Fund. Literature and Quarterly Reports available upon request.

Foundation Library Center (1956); 588 Fifth Avenue, New York 36; F. Emerson Andrews, Director.

Purpose and Activities: The Center is an independent agency incorporated under authority of the Board of Regents of the University of the State of New York. It collects, organizes, and makes available to the public reports and information about foundations, and endeavors to stimulate and aid adequate public reporting in this area.

Periodical: The Foundation Directory, Edition I, in preparation.

Friends General Conference, Peace and Social Order Committee (Quakers) (1900); 1515 Cherry St., Philadelphia 2; Lawrence McK. Miller, Jr., General Secretary.

Membership: Local Friends Meetings, 200.

Activities: The Committee promotes educational activities among the local Friends Meetings of the General Conference in peace and international relations, race relations, economic relations, and other issues of social significance.

Fund for Adult Education, The (1951); 200 Bloomingdale Rd., White Plains, N.Y.; Gideon Chagy, Director, Office of Information.

Purpose and Activities: The Fund for Adult Education was established by The Ford Foundation as an independent, nonprofit, educational organization chartered under the laws of the State of New York. To the Fund was assigned a concern with that part of the educational process which begins when formal schooling is ended. Within the range of adult education, the Board of Directors of the Fund defined its special task as that of supporting programs of liberal adult education which will contribute to the development of mature, wise, and responsible citizens who can participate intelligently in a free society. The subject-matters favored are those of the liberal arts and sciences; the methods favored are those that stress active and critical participation.

Periodical: FAE News Digest, weekly, free.

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General Department of United Church Women of the National Council of the Churches of Christ in the United States of America (1941); 175 Fifth Ave., New York 10; Mrs. W. Murdoch MacLeod, General Director.

Membership: Councils of Church Women, 50 state, including Hawaii and District of Columbia, and 2,300 local.

Purpose and Activities: To unite church women in their allegiance to their Lord and Saviour, Jesus Christ, through a program looking to their integration in the total life and work of the Church and to the building of a world Christian community. United Church Women is a Department of the National Council of Churches, representing Protestant and Orthodox church women of America. The Department of United Church Women sponsors and promotes the World Day of Prayer, first Friday in Lent; May Fellowship Day, first Friday in May; and World Community Day, first Friday in November. Offerings from these three days go to support Home and Foreign missions, relief, and local, state, and national work of church women.

Periodical: The Church Woman, monthly except July and August, \$1.00 a year.

General Federation of Women's Clubs; 1734 N Street, N.W., Washington 6, D.C.; Chloe Gifford, President.

Membership: Its aggregate membership figure of approximately 11 million in the United States, its possessions, and 50 countries includes 800,000 members who pay per capita dues in 15,000 clubs in the United States. To be eligible for membership a group must show that it requires no partisan political test for membership, that it is not a secret society, and that it does not tolerate, either by practice or teaching, any violation of state or national laws.

Purpose and Activities: The General Federation of Women's Clubs is an international organization founded in 1890, the purpose of which, according to its charter, is to unite the women's clubs and like organizations throughout the world for the purpose of mutual benefit, and for the promotion of their common interest in education, philanthropy, public welfare, moral values, civics, and fine arts. The work of the Federation is carried on through departments, divisions, and committees, which have changed in the course of years to meet varying conditions. In 1958-60 the departments of work are: American Home, Communications, Community Affairs, Conservation of Natural Resources, Education, Fine Arts,

International Affairs, Public Affairs, and the Council of International Clubs. Policies are determined through resolutions adopted at international conventions.

Girl Scouts of the United States of America (1912); 830 Third Avenue, New York 22; Dorothy C. Stratton, National Executive Director.

Membership: Individuals, 2,530,000 girls and 765,000 adults. Membership is open, with no restrictions of race, creed, or color, to girls aged 7 through 17 and to adults over the age of 18.

Purpose and Activities: To inspire girls with the highest ideals of character, conduct, patriotism, and service that they may become happy and resourceful citizens. The Girl Scout program provides girls with group activities planned democratically and carried out in accordance with the code of personal ethics embodied in the Girl Scout Promise and Laws. It offers practical training and opportunities for service to others in the fields of agriculture, arts and crafts, community life, health and safety, homemaking, international friendship, literature and dramatics, music and dancing, nature, out-of-doors, and sports and games. Camping in various forms is an important aspect of the program, carried out under the auspices of local Girl Scout councils and also in a limited number of special events operated by the National Organization.

Publications: American Girl Magazine, monthly, \$3.00 a year in the U.S., Canada, and Mexico, \$4.00 in other countries; Girl Scout Leader, 9 issues yearly, \$1.50 a year in the U.S. and Canada, \$2.50 a year in other countries.

Girls Clubs of America, Inc. (1945); 265 State St., Springfield 3, Mass.; Maxine Keith, Executive Director.

Membership: Individuals, 860; organizations, 74 Member Clubs serving approximately 50,000 girls.

Activities: The organization assists in uniting the work of existing Girls Clubs and fosters the formation of new organizations; encourages and seeks to maintain high standards of program, leadership, sponsorship, and qualifications for all Girls Clubs; and promotes a voluntary, leisure-time program designed to train girls to take their places as good citizens and especially as responsible homemakers. This is undertaken through health, homemaking, educational, and recreational activities of interest to girls, under the guidance of trained leaders. The member Girls Clubs offer a daily program to all girls,

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regardless of race, creed, or economic status. The girls served are from the ages of 6 to 16, with emphasis on the younger group from 6 to 12 years. An annual conference, open to everyone, is held in the spring of the year.

Periodical: The Bulletin, quarterly, \$2.00 a year.

Girls' Friendly Society of the United States of America, Inc. (1877); 345 East 46th St., New York 17; Mrs. Stephen K. Mahon, Executive Secretary.

Membership: Individuals, 16,000; branches, 900 in 47 states. Membership is open to girls of all races and creeds from ages 7 to 21 years.

Purpose and Activities: A group work organization for girls sponsored by the Episcopal Church. Its purpose is to develop character and to serve the community through a creative program of service, recreation, work, and worship. Emphasis is placed on world education through relationship with the GFS in Great Britain and 20 other countries which compose the World Council of the Girls' Friendly Society.

Periodicals: Highlights (pictorial news sheet), 5 issues yearly; At Your Service (program helps and leader's bulletin), 7 issues yearly; Program Units, occasional: \$3.00 a year for all.

Goodwill Industries of America, Inc. (1910); 1913 N Street, N.W., Washington 6, D.C.; Percy J. Trevethan, Executive Vice President.

Membership: Organizations, 120 local.

Purpose and Activities: To encourage the establishment and development of new and existing programs of Goodwill Industries, providing rehabilitation, training, and employment for all types of handicapped people. The organization assists in the maintaining of standards and provides counsel and assistance on the operation of industrial, social service, educational, religious, recreational, and, in some cases, medical services of local Goodwill Industries; conducts annual Delegate Assemblies and specialized conferences for these and business purposes; conducts research in the interest of increased service to handicapped people and better workshop operations, which are based primarily on the utilization of contributed clothing and household articles; carries out a public relations program to develop public opinion both nationally and locally in the interest of helping handicapped people; provides an exchange of information and reports; seeks to develop unification and cooperation and avoid duplication among Goodwill Industries and similar organizations; provides for national representa-

tion with other organizations and agencies; administers group insurance, purchase discounts, and group ordering of materials and supplies for local Goodwill Industries; and recruits and trains leadership. The service of Goodwill Industries is interfaith; it and some local Goodwill Industries maintain a cooperative relationship with the Department of Goodwill Industries of the Board of National Missions of the Methodist Church.

Grant Foundation, The (1936); 130 East 59th St., New York 22; John G. Byler, Executive Director.

Purpose and Activities: The Foundation is concentrating its interest on healthy emotional development in early childhood and youth. Emphasis is given to projects involving the participation of more than one of the social and medical sciences in the study of behavior; also, to the investigation of normal functioning to add to the knowledge of personality growth and development derived from the more widespread study and treatment of the abnormal. Generally, programs are child-centered, family-focused, or community-wide operations and relate to the promotion of emotional maturity and the prevention of emotional disorders. Their designs include one or sometimes a combination of approaches: research, training, education, demonstration, and service. The Foundation does not make grants to individuals nor to endowments or building funds. Reports are published biennially.

Group Health Association of America (formerly Group Health Federation of America and American Labor Health Association), 343 South Dearborn St., Chicago 4; Jerry Voorhis, Executive Secretary; Robert E. Van Goor, General Manager.

Membership: Organizations, 74; over 200 individuals.

Purpose and Activities: To serve the prepaid group health movement through organizational and administrative guidance for new and existing lay-sponsored, nonprofit, member-controlled, or consumer-oriented, prepaid group health plans, including those organized by cooperatives, labor unions, rural organizations, and other lay groups; to provide a professional personnel clearinghouse for the field; to conduct an informational exchange; to provide legal and legislative services; and to inform the public through publications, a speaker's bureau, and an annual Group Health Institute.

Periodicals: GHAA Information Letter, monthly, \$1.00 a year; and Health and Welfare Newsletter, monthly, \$2.00 a year.

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Guggenheim—John Simon Guggenheim Memorial Foundation (1925); 551 Fifth Ave., New York 17; Henry Allen Moe, Secretary General.

Activities: In order to improve the quality of education and the practice of the arts and professions in the United States, to foster research, and to provide for the cause of better international understanding, the Foundation, established by the late United States Senator Simon Guggenheim and by Mrs. Guggenheim as a memorial to a son who died April 26, 1922, offers fellowships to further the development of scholars and artists by assisting them to engage in research in any field of knowledge and artistic creation in any of the fine arts including music, under the freest possible conditions. Grants also will be made to a limited number of persons who need types of assistance, other than those ordinarily comprehended within the term fellowships, to bring their intellectual and artistic capacities to still higher levels of quality.

Periodicals: Reports of the Secretary and of the Treasurer, biennially, free.

Hadley School for the Blind, Inc. (1922); 700 Elm Street, Winnetka, Ill.; Donald Wing Hathaway, Executive Director and Director of Education.

Purpose and Activities: To rehabilitate and educate through brailled and recorded home-study courses the adult blind of every race and creed, who wish to continue their education at home. The Hadley School offers home-study courses in the reading of braille, elementary school subjects, vocational courses, a complete high school program, and college courses—more than 75 home-study courses in all. The college courses are offered through a coordinated arrangement with the Home Study Department of the University of Chicago. Hadley courses are offered to blind people everywhere. A personal brailled letter of help and encouragement from the teacher accompanies each returned lesson. All Hadley courses are free, including instructions, textbooks, and personal lesson-by-lesson help, counseling, and guidance. The Hadley School is accredited by the National Home Study Council. Enrollment, 1,400.

Hayden—Charles Hayden Foundation (1937); 25 Broad St., New York 4; Edgar A. Doubleday, President.

Purpose and Activities: To aid in the education of boys and young men, especially in the advancement of their moral, mental, and physical well-

being. Emphasis is on such projects as boys' clubs, boys' camps, and Boy Scouts, together with schools and colleges the enrollment of which consist entirely or to a large extent of boys and young men. Preference has been given to projects in the metropolitan areas of New York City and Boston.

Health Information Foundation (1949); Room 850, 420 Lexington Ave., New York 17; George Bugbee, President.

Purpose and Activities: Contributes through social and economic research and through education toward the continual improvement of health services in the United States. Its primary objectives are to assist in the distribution of health services to all segments of the population, and to add knowledge that will facilitate payment for medical care. Its purposes are: to document through research the accomplishments of the present system of medical care; to define areas in the health field in need of improvement and to investigate possible solutions to current problems; to bring research findings, needed facts, and new knowledge to active organizations in the health field and to the public. Publishes *Progress in Health Services* each month, and other research documents and reports.

Howard—John Howard Association, Inc. (1901); 608 South Dearborn St., Chicago 5; Eugene S. Zemans, Executive Director.

Membership: Individuals, 27 members (constituting the Board of Directors); and 1,000 associate members (contributors) in 16 states.

Activities: The Association assists men in and released from state and federal prisons and correctional institutions, by means of individual casework service, temporary financial aid, employment placement, and guidance; supports progressive penal reforms; and attempts, through research and education, to promote community understanding of the prisoner and the ex-prisoner and their needs.

Indian Rights Association (1882); 1505 Race St., Philadelphia 2; Lawrence E. Lindley, General Secretary.

Membership: Individuals, 1,000.

Purpose and Activities: To promote the spiritual, moral, and material welfare of the Indians of the United States, and the protection of their legal rights, particularly the rights already guaranteed to them by treaty and statutes of the

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United States; and to secure such further rights as circumstances may justify. Representatives of the Association make frequent visits to Indian reservations and communities as a basis for developing public sentiment, informing Congress on legislative needs, and establishing a better understanding between the Indians and the U.S. Bureau of Indian Affairs concerning existing conditions and administrative action required.

Periodical: Indian Truth, quarterly, \$2.00 a year.

Institute of International Education (1919);

1 East 67th St., New York 21; Kenneth Holland, President.

Purpose and Activities: As the central private agency in the field of exchange of persons, administers scholarship programs for 3,000 foreign students to come to the United States and for 1,500 American students to go abroad, under private and public programs including the student grants under the Fulbright Act; arranges orientation assistance and community hospitality for foreign students; plans programs for specialists and leaders from abroad which give them the desired contacts and experience in the United States; and operates informational facilities and counseling on all aspects of international study and exchange programs.

Periodical: News Bulletin, monthly September through May, \$2.00 a year.

International Association of Pupil Personnel

Workers; formerly National League to Promote School Attendance (1911); 120 Walton Ave., Lexington, Ky.; Dr. Charles Ambrose, President.

Membership: Individuals 750.

Purpose and Activities: To cooperate with the pedagogical and special service personnel of school systems as well as community agencies and the home in promoting the wholesome adjustment of pupils so that they will grow to maturity healthy in body, emotionally and socially secure, and intellectually, mentally, and spiritually well equipped for successful adult citizenship. The Association supports positive legislative programs interested in child welfare and child labor. It establishes standards for attendance service and recommends means of implementing the teamwork approach in dealing with problems of non-attendance. The Association conducts studies on certification, preservice and upgrading training, as well as salary schedules for the profession. It recommends to state education departments, school superintendents,

and school principals, methods for increasing the "holding power" of schools. The Association sponsors an annual convention which meets in a different part of the country each year. Membership is composed of state directors of attendance and pupil personnel directors, city and county school superintendents, principals, teachers, visiting teachers, school social workers, attendance officers, and other pupil personnel workers as well as child labor personnel.

Periodical: The Journal of the International Association of Pupil Personnel Workers, quarterly, \$3.00 a year.

Jewish Occupational Council, Inc. (1939);

1841 Broadway, New York 23; Roland Baxt, Executive Director.

Membership: Organizations, 4 national and 26 local.

Purpose and Activities: To act as a clearinghouse for all Jewish organizations engaged in educational and vocational guidance, job placement, training, and sheltered workshops; to provide these agencies with occupational information and to cooperate with them in research projects; to guide Jewish communities or organizations that may request assistance in establishing or improving occupational services; and to examine continuously the economic status of American Jewry and to formulate national programs as an aid in the solution of Jewish economic problems. The Council's activities include field service, central statistical reporting service, conferences and meetings, employment service for professional personnel, research and information service, liaison service on behalf of member organizations with federal agencies concerned with employment and vocational adjustment problems, and a publications program.

Junior Achievement, Inc. (1926); 500 Fifth Ave., New York 36; Larry C. Hart, Executive Vice President.

Membership: 66,245 Achievers and 300,000 stockholders in 3,842 organized Junior Achievement companies.

Purpose and Activities: To furnish leadership and direction for leisure time to high school juniors and seniors, organized in small groups called companies. The companies engage in small manufacturing or servicing enterprises in which the young people gain experience in business procedure, buying and selling, marketing, management, wages, and cost. The organization works with social, educational, and business

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agencies in the community to provide practical knowledge and experience in business procedure.

Kellogg—W. K. Kellogg Foundation (1930); Battle Creek, Mich.; Dr. Emory W. Morris, President and General Director.

Purpose and Activities: To receive or administer funds for education or charitable purposes. The Foundation is organized into seven divisions; Agriculture, Dentistry, Education, Hospitals, Latin American, Medicine and Public Health, and Nursing; and operates by making grants to other organizations for the development and implementation of programs in these fields.

Kresge Foundation, The (1924); 2727 Second Blvd., Detroit 32; Amos F. Gregory, Secretary.

Purpose and Activities: To promote eleemosynary, philanthropic, and charitable means of any and all of the means of human progress, whether they be for the benefit of religious, charitable, benevolent, or educational institutions or public benefaction of whatever name or nature; and to use as a means to that end research, publication, the establishment and maintenance of charitable, benevolent, religious, missionary, and private educational activities, agencies, and institutions already established, and any other means and agencies which, from time to time, shall seem expedient to the trustees. Grants have been made in the following fields: child welfare, education, medicine and public health, music, religion, and social welfare.

League of Women Voters of the United States; 1026 17th St., N.W., Washington 6, D.C.; Mrs. Robert J. Phillips, President.

Membership: 127,000 in Leagues in all the states and the District of Columbia.

Purpose: Promotion, through non-partisan means, of active, informed citizen participation in government. Among the activities of state and local Leagues are the study of state and local administration and financing of education, public health, and welfare, including institutional and non-institutional care, public assistance, planning and housing.

Periodical: The National Voter, issued 10 times per year, \$1.00 a year.

Life Insurance Adjustment Bureau (1931); 450 Seventh Ave., New York 1; Louis L. Himber, Manager.

Activities: The Bureau is a national advisory agency maintained by the Metropolitan, Pruden-

tial, and John Hancock Life Insurance Companies. Its services are available without charge to governmental and voluntary social agencies, which may submit any question on a life insurance policy held by a client with any of the 3 companies listed above. The Bureau will answer specific questions relating to a policy and offer any changes necessary to bring the policies within the regulations established by the agencies while at the same time giving the insured maximum protection at minimum cost. The Bureau is managed by a former public welfare worker under the direction of a managing committee from the Companies. It makes available to social agencies the forms upon which the policies are listed and reported to the Bureau. It has published *Life Insurance: A Handbook for Social Workers*, which is available to social workers on request without charge.

Lutheran Charities, Associated (1901); 3606 Edmund Blvd., Minneapolis 6; Rev. E. B. Glabe, President.

Membership: Organizations, 120 missionary and charitable agencies and federations within the Evangelical Lutheran Synodical Conference.

Activities: The organization functions in conventions, an annual social work institute sponsored by Valparaiso University, and in both national and regional as well as special meetings. It seeks to foster city mission and social work within the Synodical Conference and to raise the standards of work performed by the individual agencies.

Periodicals: The Good News, monthly, \$1.00 a year; Proceedings (including membership directory), annually, \$1.50 a copy.

Lutheran Church, American, Board for Christian Social Action (1940); 57 East Main St., Columbus 15, Ohio; Dr. Carl F. Reuss, Executive Secretary.

Activities: These fall into 4 major areas: information and education of the constituency on social welfare programs and an understanding of the relevance of Christian principles to social relationships; research on pressing social problems of the day; supervision of charitable, health, and welfare work as carried on by or in behalf of the American Lutheran Church through recognized Lutheran welfare agencies and institutions; and cooperative projects with district and parish committees and others sharing aims and objectives similar to its own. Close cooperation is maintained with the Division of Welfare, National Lutheran Council. The Board publishes miscellaneous papers and pamphlets and places articles

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in support of its work in the various publications of the Church.

Lutheran Church, Augustana, Board of Social Missions (1947); 2445 Park Ave., Minneapolis; Rev. Lawrence J. Holt, Chairman.

Purpose and Activities: Encourages and interprets social missions to Conferences, pastors, and congregations and provides information and serves in an advisory capacity to all social welfare agencies within the Augustana Lutheran Church. Conducts pilot projects as they relate to the social ministry of the local church with the purpose of providing a body of knowledge which will benefit congregations which wish to develop a social ministry in the communities in which these churches are located. Promotes recruitment for social work and provides scholarships for graduate training. Serves as a depository for information as it relates to Augustana Lutheran Church health and welfare agencies and institutions. The Board of Social Missions serves as a liaison group between the Augustana Lutheran Church and the Division of Welfare of the National Lutheran Council, the Department of Social Welfare of the National Council of Churches, and other national bodies concerned with social welfare.

Lutheran Church, Evangelical, Board of Charities (1917); 422 South Fifth St., Minneapolis 15; Dr. M. A. Dahlen, Executive Secretary.

Purpose and Activities: To arouse interest and participation on the part of congregations and individuals to active Christian service; and to interpret through radio, visual aids, and printed and spoken word the social disorganization of modern society, with the purpose of effecting Christian approach and solution to the problem. The Board supports 33 homes for the aged, 9 children's homes, temporary shelters for unmarried mothers, day nurseries, a mission for the blind and deaf, and rehabilitation program for homeless men; subsidizes Lutheran intersynodical social work agencies in several states; conducts institutes for institutional chaplains, institutional workers, and managers in the areas of homes for the aged and children's homes; and renders consultative services to institutions in accounting procedures and building plans. Its recruiting and training program offers 10 annual scholarships for graduate study for caseworkers, institutional managers, agency executives, and hospital administrators.

Publications: Lutheran Charities and Welfare Review, quarterly; Lutheran Herald Charities Issue,

annually; miscellaneous brochures for promotional and educational purposes—free. Motion pictures and film strips on loan basis.

Lutheran Church, Evangelical, National Charities Conference (1921); 422 South Fifth St., Minneapolis 15; Rudolph Ruud, President.

Purpose and Activities: To bring together for stimulation, exchange of ideas, expansion of work, and discussion of problems, the board members and staffs of health and welfare institutions and agencies owned by or affiliated with the Evangelical Lutheran Church, together with chaplains and members of this church body interested in or having assignments in public and private health and welfare field. Conferences are held biennially.

Lutheran Church in America, United, Board of Social Missions, Inc. (1918); 231 Madison Ave., New York 16; Rev. Dr. Harold Haas, Executive Secretary.

Purpose and Activities: To stimulate in all congregations of the United Lutheran Church active interest and participation in personal evangelism and in Christian service, and to arouse the Christian consciences of members as to the perplexing social problems which hamper society to the end that they may bear a Christian witness. The Board encourages the organization of Lutheran welfare societies, gives guidance in the establishing of institutions of mercy and coordinates their work, trains Christian workers in both the fields of evangelism and merciful service, publishes literature, and conducts institutes to inform and advise the Church regarding its social obligations. Special activities are carried on for the deaf and the blind, immigrants, seamen, and prisoners. Membership on the Board is limited to persons duly elected by the United Lutheran Church in America.

Periodical: Social Missions Quarterly, free.

Lutheran Church, Missouri Synod, Department of Social Welfare (1953); 210 N. Broadway, St. Louis 2; Rev. Dr. H. F. Wind, Executive Secretary.

Purpose and Activities: To serve as a general advisory and correlating agency for the social welfare interests within the Lutheran Church-Missouri Synod; to provide advisory and consultative services to Lutheran social work agencies within the Lutheran Church-Missouri Synod; to assist in the establishment of adequate standards of work in the social welfare programs

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within the Church; to promote research, to be responsible for the dissemination of information, to maintain a personnel bureau, to promote the recruitment and training of workers in the fields of social work and institutional chaplaincy; to conduct and promote institutions, seminars and conferences; to participate in programs of international relief; to represent the cooperative interests of the Lutheran Church-Missouri Synod with welfare agencies of all kinds; to cooperate with other church welfare agencies according to circumstances.

Periodical: The Welfare Review, free.

Lutheran Council, National, Division of Welfare (1939); 50 Madison Ave., New York 10; Rev. Dr. Henry J. Whiting, Executive Secretary.

Purpose and Activities: To promote the organization of Lutheran welfare agencies according to states or regions in order to promote a unified Lutheran welfare program; to serve as the representative of national Lutheran welfare work before general and governmental agencies; to coordinate Lutheran efforts in meeting common needs in times of general disaster; to assist in the establishment of standards and improvements of Lutheran welfare work in all parts of the Church; to recruit and promote the training of workers for service in the church agencies and in community service; to develop Lutheran service to special groups, e.g., seamen, the handicapped, professional and others; to develop plans for the coordination of services to be rendered by the Churches and Lutheran welfare agencies for the reception, guidance, and counsel of immigrants, and to assist in such services; and to organize a general conference of Lutheran Charities, coordinating various groups now organized and organizing new groups. The Division conducts a placement service to assist Lutheran agencies, offers consultation, and makes surveys and studies on a professional level of Lutheran institutions and agencies. It represents 8 Lutheran Church bodies.

Lutheran Welfare Conference in America (1920); 50 Madison Ave., New York 10; Rev. Dr. Henry J. Whiting, Executive Secretary.

Membership: Individuals, 294; organizations, 163 national, state, and local agencies and institutions.

Activities: These include discussion, mutual consultation, and setting of standards for Lutheran social work. The Conference works toward the employment of professionally trained workers in

the various fields of service. It is affiliated with the National Lutheran Council, Division of Welfare.

Periodicals: Bulletin, quarterly, 50 cents a year; Lutheran Health and Welfare Annual, yearly, \$1.00 a copy.

Maternity Center Association, Inc. (1918); 48 East 92d St., New York 28; Hazel Corbin, Director.

Membership: Individuals, 2,500.

Purpose and Activities: To improve maternity care through the following means: teaching the public what adequate maternity care is and why it is necessary; training graduate nurses in midwifery; providing units in advanced maternity nursing for public health nurses and conducting refresher institutes in obstetrics for them; publishing handbooks on maternity care, motion pictures, and film strips for nurses, expectant mothers and fathers and high-school and college students; providing instruction in classes for expectant mothers and fathers and consultation for individuals with problems related to maternity and family living; publishing educational charts and posters for use with groups and for exhibit purposes; stimulating communities to make such care available to every mother at a price she can afford; helping to develop standards for each phase of maternity care through studying and revising the techniques and procedures used in the supervision, care, and instruction of mothers; and making these standards easily available to lay and professional workers.

Periodical: Briefs, 10 issues yearly, \$2.00 a year.

McCormick—Elizabeth McCormick Memorial Fund, Inc. (1908); 155 East Ohio St., Chicago 11; Donald Brieland, Ph.D., Director.

Purpose and Activities: The Fund is a charitable foundation. Its resources are utilized for research concerned with children—their care, welfare, and development. The Fund cooperates with public and private agencies and with individuals in research projects. It conducts a limited research program of its own and also plans occasional conferences.

Mental Health Materials Center, Inc. (1953); 104 E. 25th St., New York 10; Exie E. Welsch, M.D., President; Alex Sareyan, Executive Director; Nina Ridenour, Ph.D., Educational Consultant.

Purpose: To develop new audiences and new distribution techniques for selected outstanding

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printed and audio-visual education materials in the field of mental health, family life, and human relations.

Activities: Its basic service is the *Human Relations Aids* Program Packet Service, designed for professional persons responsible for planning education programs in the field of mental health, family life, and human relations. Six times a year, subscribers receive actual samples of selected new pamphlets in this field, as well as suggestions on how the materials may be used. Information on new films is also included. A year's subscription costs \$8.00. The Center also acts as a convenient central source of supply to organizations distributing such materials to the public. In addition, the Center offers to health and welfare agencies its services with respect to the promotion, distribution, and utilization of educational materials. Among the organizations whose publications are now being handled by the Center (either wholly or partially) are: American Psychiatric Association, American Public Health Association, Child Study Association of America, Council on Social Work Education, and Group for the Advancement of Psychiatry.

Methodist Church, Board of Hospitals and Homes of the (1940); 740 Rush St., Chicago 11; Olin E. Oeschger, General Secretary.

Membership: Individuals, 18; institutions, 75 hospitals, 98 homes for aged, 49 homes and agencies for children, and 7 homes for youth.

Purpose and Activities: To serve as a general advisory and correlating agency for Methodist philanthropic interest and institutions not affiliated with any other board of the Church, such as hospitals, homes for the aged, homes for children, and homes for youth. The Board has the power to make surveys, disseminate information, suggest plans for securing funds, maintain a personnel bureau, provide architectural data, and advise as to the validity and wisdom of accepting or rejecting institutions expecting approval or support of the Methodist Church. The Board formulates spiritual, financial, and scientific standards to protect the aims and ideals of the Methodist Church and encourages and assists institutions in attaining these standards. It is empowered to act as trustee for the administration of bequests or endowments for institutions of the Church and, as a result of said trusts, to assist designated Christian social welfare work anywhere throughout the Church. A membership directory is published annually.

Methodist Church, The, Board of Missions (1940); 150 Fifth Ave., New York 11; Barbara H. Lewis, Recording Secretary.

Purpose and Activities: To diffuse more generally the blessings of Christianity in every part of the world, by the promotion and support of all phases of missionary and church extension activity in the United States and other countries; to promote missionary intelligence, interest, and zeal throughout The Methodist Church; and to aid in Christianizing personal life and the social order in all lands and among all peoples. Its objectives are religious, philanthropic, and educational. Among the Board's areas of interest in the United States are the following: Goodwill Industries; Negro work; Spanish-speaking and Indian work; town, country, and city work; Christian social relations; and student, youth, and children's work.

Periodicals: The Methodist Woman, monthly, \$1.50 a year; World Outlook, monthly, \$2.00 a year; \$3.30 a year for both.

Methodist Church, Board of Social and Economic Relations (1952); 740 Rush St., Chicago 11; A. Dudley Ward, General Secretary.

Membership: Individuals, 45, elected by Jurisdictional Conferences.

Purpose and Activities: The Board is responsible for directing social welfare, race relations, and economic policy programming for the Methodist Church.

Methodist Hospitals and Homes, National Association (1940); 740 Rush St., Chicago 11; Olin E. Oeschger, General Secretary.

Membership: Individuals, 250; institutions, 75 hospitals, 98 homes for aged, 49 homes and agencies for children, and 7 homes for youth.

Purpose and Activities: To encourage by voluntary association and action the development of better scientific and social standards for the operation of hospitals, homes for the aged, homes for children, and homes for youth; and to strengthen the aims and ideals of the Church. The Association meets in annual convention to discuss these standards and ideals.

Milbank Memorial Fund, Inc. (1905); 40 Wall St., New York 5; Dr. Frank G. Boudreau, President.

Purpose and Activities: To improve the physical, mental, and moral condition of humanity, and generally to advance charitable and benevolent objects. The Fund assists governmental and voluntary agencies and institutions in the fields of

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public health and medicine, education, social welfare, and research. Emphasis is given to activities which are preventive rather than palliative, and to the improvement of administrative procedures in public health.

Periodical: Quarterly, \$2.00 a year.

Muscular Dystrophy Associations of America, Inc. (1950); 1790 Broadway, New York 19; Arthur A. Galloway, Executive Director.

Membership: More than 360 chapters throughout the continental U.S.A., organized for the most part on a county-wide basis. Individual members and volunteer workers estimated at 500,000.

Purpose and Activities: MDAA is a national voluntary health agency dedicated to the scientific conquest of neuromuscular diseases through basic and applied research into nerve, muscle, and metabolism. As of March 31, 1959, it has expended more than \$7,000,000 in grants-in-aid to research, both in the U.S. and abroad. To supplement this program, MDAA has built a major research center in New York City, the \$5,000,000 Institute for Muscle Disease, which began operations in the summer of 1959. MDAA also sponsors a nationwide network of MD clinics and, through its chapters, provides the following services for patients: pays fees for a consultative diagnostic examination and for physical therapy when recommended and supervised by a physician; pays for the purchase and repair of wheelchairs and other necessary orthopedic equipment; arranges for transportation to schools and/or clinics; conducts a wide variety of educational and recreational programs. In addition, MDAA sponsors national conferences on the medical, educational, and social aspects of the dystrophic patient; and publishes pamphlets and articles for public and professional distribution. Its annual fund-raising appeal, the *March for Muscular Dystrophy*, takes place in the fall.

Periodicals: Muscular Dystrophy News, bi-monthly; Annual Report. Both distributed without charge.

National Association for Mental Health, Inc. (1950); 10 Columbus Circle, New York 19; Luther Alverson, President; Lawrence J. Linck, Executive Director.

Purpose and Activities: The National Association for Mental Health is the only national voluntary citizens' organization devoting itself exclusively to the total fight against mental illness. It is made up of 800 state and local mental health associations throughout the nation. The objectives of the Association are: to cut down

the tremendous toll of mental illness, to help the mentally ill, and to promote good mental health. The Association supports and promotes research to discover new and better ways to cure and prevent mental illness; leads the campaign for good mental hospitals, where patients can get prompt, skillful treatment; sets up and conducts information and referral centers serving people with problems arising from mental illness; helps to set up clinics where children and adults can get treatment before their illness becomes serious; promotes the training of expert personnel to staff the hospitals, clinics and research projects; carries on education for the prevention of mental illness and for the promotion of good mental health; organizes community action to combat mental illness and to help the mentally ill. The Association sponsors the inspection and rating of mental hospitals, surveys of legislative and administrative practices affecting the mentally ill, recruitment and training of psychiatric personnel—particularly of psychiatric aides—and selection, training, and use of volunteers in psychiatric services. It promotes, finances, and helps to coordinate research, and administers a grant for research in schizophrenia. It provides consultation to governmental and to voluntary agencies and to communities in establishing and raising the standards of mental health services. It collaborates with professional organizations and with governmental and voluntary agencies, and is the convening organization for United States member associations of the World Federation for Mental Health.

Periodicals: Mental Hygiene, quarterly, \$6.00 a year.

National Association for Nursery Education (1926); Room 200, 155 E. Ohio St., Chicago 11; Edna Mohr, President.

Membership: Individuals, 1,200.

Purpose and Activities: To provide a medium through which those who are interested in nursery education can exchange ideas, and through which they can cooperate as a group with other agencies concerned with the education and developmental welfare of early childhood. The Association publishes numerous pamphlets on standards and practices in preschool education, as well as a quarterly bulletin.

Periodical: Bulletin, quarterly, \$3.50 a year.

National Association for Retarded Children, Inc. (1950); 386 Park Avenue South, New York 16; Dr. Gunnar Dybwad, Executive Director.

Membership: Individuals, 56,000; national, 1; state member units 17; as yet unaffiliated but co-

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operating state associations 29, local member units 700. Membership is open to all interested individuals, lay and professional.

Activities: The NARC professional staff provides consultation services on program, public education, and fund raising to local and state units; acts as a clearinghouse; prepares publications on public, parent, and professional education; maintains cooperative relationships with official and voluntary organizations and agencies having related interests. A scientific research program directed toward prevention and amelioration of the condition, and improved evaluation, education, rehabilitation, and management of the mentally retarded child and adult, is carried on under the scientific direction of a 25-member Scientific Research Advisory Board and supported through the NARC Research Fund. NARC office also maintains liaison with comparable organizations in 15 foreign countries and with international bodies.

Periodicals: Children Limited, bimonthly newspaper, \$1.00 per year; proceedings of annual convention.

National Association for the Advancement of Colored People, Inc. (1909); 20 West 40th St., New York 18; Roy Wilkins, Executive Secretary.

Membership: Individuals, 334,543; branches, youth councils, and college chapters, 1,000.

Purpose: To win full political, civil, and legal rights for colored citizens and to secure for them equality of opportunity.

N.A.A.C.P. Legal Defense and Educational Fund, Inc. (1939); Suite 1790, 10 Columbus Circle, New York 19; Thurgood Marshall, Director-Counsel.

Purpose: To render legal aid gratuitously to such Negroes as are suffering legal injustices by reason of race or color and are unable to employ and engage legal aid and assistance on account of poverty; to seek and promote the educational facilities for Negroes who are denied the same by reason of race or color; to conduct research, and collect and compile information and statistics concerning educational facilities and opportunities for Negroes and the inequality in such facilities provided for Negroes out of public funds; and to gather information concerning the status of the Negro in American life.

National Association of Housing and Redevelopment Officials, Inc. (1933); 1313 East 60th St., Chicago 37; John D. Lange, Executive Director.

Membership: Individuals, 3,700; organizations, 700 state, regional, municipal, and metropolitan housing, redevelopment, and urban renewal agencies. Affiliate membership is open to the public.

Purpose and Activities: To better administrative standards and practices in all public activity in housing for families of low and moderate income and in slum clearance and urban redevelopment and renewal, by assisting housing and renewal officials in all levels of government and other interested persons. Activities include a clearinghouse for exchange of information, publication and distribution of the most useful current literature, field consultation service to official and semiofficial agencies, research on selected subjects by standing and special committees, and conduct of annual regional and national conferences.

Periodicals: The Journal of Housing, monthly; RIS newsletter, semi-monthly; Housing and Urban Renewal Directory, biennially.

National Association of Intergroup Relations Officials (1947); 152 West 42nd St., New York 36; John V. P. Lasso, Jr., Executive Secretary.

Purpose and Activities: To facilitate more effective exchange of information and experience, and further cooperation among official agencies and citizens' organizations dealing with racial, religious, ethnic, and cultural relations; to establish continuing relationships with national and international governmental and voluntary agencies concerned with intergroup relations in order to bring about more effective utilization of the resources of these agencies on the state and local scene; and to improve standards of work in the field of intergroup relations, advance professional knowledge and practice, and aid the policy-makers, administrators, and professional personnel in their day-to-day operations. Through publications, committees, conferences, and by other means, a continuing program is developed designed to improve public policy, professional practice, and citizen support of and participation in intergroup relations. Active membership is limited to officers, directors, and professional personnel of organizations primarily engaged in various phases of intergroup relations; associate membership is open to all.

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National Association of Jewish Center Workers (1918); 145 East 32nd St., New York, 16; Myron B. Blanchard, President.

Membership: Individuals, 625.

Purpose: To foster and develop interest in professional services in Jewish Community Centers, Young Men's Hebrew Associations, and Young Women's Hebrew Associations; to consider problems relating to Jewish Community Center work; to promote personnel standards among Jewish Center workers; and to improve professional practices.

Periodical: Journal of Jewish Communal Service, quarterly, \$2.00 a copy.

National Association of Sheltered Workshops and Homebound Programs (1954); 239 Fourth Avenue, New York 3; Edward A. Stiles, President.

Membership: Membership is institutional in type and is confined to organizations which operate nonprofit sheltered workshops and homework and/or other rehabilitation programs for the employment of physically, mentally, or socially handicapped individuals who are not currently employable in the community's competitive market. Provisional membership is open to organizations and agencies contemplating the establishment of nonprofit workshops, homework and/or rehabilitation programs, or to functioning programs which have been in operation less than one year. Individual membership is open to interested individuals.

Purposes and Activities: To compile and distribute useful information; to suggest and devise standards of operation in the workshop field; to study and make available details of pertinent legislation; to explore the problems of manufacturing and marketing; and to interpret and promote better cooperation between private, state, and federal agencies. Publishes Sheltered Workshops and Homebound Programs: A Handbook, and Sheltered Workshops and Homebound Programs: A Directory.

Periodical: Bulletin (to membership), quarterly.

National Association of Social Workers, Inc. (1955); 95 Madison Ave., New York 16; Joseph P. Anderson, Executive Director.

NASW came into being on October 1, 1955. The following organizations, which terminated their activities on September 30, 1955, participated in the formation of the new association:

American Association of Group Workers, American Association of Medical Social Workers, American Association of Psychiatric Social Workers, American Association of Social Workers, Association for the Study of Community Organization, National Association of School Social Workers, and the Social Work Research Group.

Membership: Individuals, approximately 26,500; chapters, 150 including 1 in Hawaii and 1 in Puerto Rico. Any person who has been graduated from a professional school of social work accredited by the Council on Social Work Education or, prior to June 30, 1952, by the American Association of Schools of Social Work is eligible for membership.

Purpose and Activities: To promote the quality and effectiveness of social work practice in the United States of America through services to the individual, the group, and the community; to further the broad objective of improving conditions of life in our democratic society through utilization of the professional knowledge and skills of social work, and to expand through research the knowledge necessary to define and attain these goals; to provide opportunity for the social work profession to work in unity toward maintaining and promoting high standards of practice and of preparation for practice and toward alleviating or preventing sources of deprivation, distress, and strain susceptible of being influenced by social work methods and by social action. In furtherance of these purposes the Association undertakes: (1) To improve and extend social work practice through setting standards and establishing criteria for sound practice, conducting appropriate study and research, improving the nature, content, and extent of professional education, and publishing experience in new and established areas of professional practice. (2) To establish principles and procedures for determining and certifying competence to practice through setting standards for professional organization membership, participating in the definition of the nature of professional education and other qualifications for practice, establishing standards for the total field and participating in programs for licensing, registration, certification, and appointment through civil service, as appropriate. (3) To define and help to bring about the working conditions necessary for the best practice through establishing an ethical code for practitioners, principles of administration in a social agency or social work department within a host agency, and acceptable personnel standards and practices. (4) To define each specialty's area of concern within the practice of social work, and to

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promote the sound development and integration of the several specialties. (5) To delineate the nature of new, evolving areas of social work practice, and to provide or to seek opportunity for their development. (6) To collaborate with other professional groups to insure cooperative effort between the social work profession and other professions and groups with which social work is, or may become, associated. (7) To interpret to the community the contribution of the professional social worker, in terms of basic and specialized qualifications. (8) To make studies and to take action in relation to social conditions. (9) To recruit new workers for the social work profession.

A biennial Assembly attended by delegates chosen by each chapter provides the chief means of formulating membership opinion on national issues. The program is carried out nationally through sections created by the Delegate Assembly and through commissions and committees established by the Board of Directors of the Association. In 1959 the following sections were active: Group Work Section, Medical Social Work Section, Psychiatric Social Work Section, Social Work Research Section, and School Social Work Section. Also active were Committees on Community Organization and International Social Welfare and the following Commissions: Social Work Practice, Social Work Education, Personnel Standards and Practices, Public Attitudes Toward the Social Work Profession, Social Policy and Action, and Recruitment for the Profession. The results of commission and committee study are submitted to the membership for approval either at the Delegate Assembly or by direct mail vote. Beginning with the 1957 issue, the Association has published the Social Work Year Book. The Association maintains a Washington, D.C. branch office.

Periodicals: Social Work, quarterly, \$6.00 a year; NASW News, four issues a year, \$3.00; and Personnel Information, six issues a year, \$4.00.

National Association of the Deaf, Inc. (1880); 2495 Shattuck Ave., Berkeley 4, Calif.; Robert M. Greenmum, Secretary-Treasurer.

Membership: Individuals, 5,000; organizations, state and local associations of the deaf.

Purpose: To improve, develop, and extend schools for the deaf throughout the world, and especially in the United States; to eliminate unjust liability, compensation, and traffic laws; to establish state and national labor bureaus for the deaf and all other agencies pertinent to their economic and social welfare; to remove barriers against the deaf in civil service and other em-

ployment; and to further the intellectual, professional, and industrial status and social enjoyment of members through correspondence, consultation, the forming of branch societies, and national conventions.

Periodicals: Silent Worker, monthly, \$3.50 a year; Informational leaflets, free.

National Association of Training Schools and Juvenile Agencies (1953); Glen Mills, Pennsylvania; Windell W. Fewell, Secretary-Treasurer.

Membership: Agency—institutions and agencies for the treatment or training of children adjudicated delinquent, and administrative agencies exercising direct or regular supervision over these centers. Individual—board members, executives, and members of staffs of residential centers designated above. Associate—any interested person contributing associate membership dues annually.

Activities: To provide an open forum for discussion, to promote research, to disseminate information, to encourage training opportunities, to promote cooperation with other organizations having allied interests, and to promote better public understanding toward socially maladjusted children and agencies dealing with them.

Periodical: The Proceedings, annually, \$2.00 per copy.

National Association on Service to Unmarried Parents (1938); formerly National Committee on Service to Unmarried Parents; 412 Herkimer Street, Brooklyn; Muriel McCord, Chairman.

Membership: Open to any agency or organization devoted entirely or in part to service to unmarried parents, or to any council or planning agency with an interest in such programs, or to any individuals interested and having experience in this field. Information regarding local committees on service to unmarried parents and other material on this subject is available through the Children's Bureau, United States Department of Health, Education, and Welfare, Washington 25, D.C.

Purpose and Activities: To increase and broaden understanding of the problems of unmarried parents and of the methods of meeting these problems; and to raise and unify standards in this field of social service. The Association's functions are: to plan a program on some aspect of unmarried parenthood for National Conference on Social Welfare; to distribute to interested individuals and groups the material presented

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at National Conference and other significant materials concerning unmarried parenthood; to make studies and to collect and disseminate information pertinent to this subject, within the limits of the Association's budget and time available; and to issue mimeographed news letters on the activities of the Association.

National Budget and Consultation Committee
(1942); 345 East 46th St., New York 17; Earle G. Lippincott, Director.

Membership: Participating national agencies, 32; individual committee members, 120.

Purpose and Activities: Services of the Committee are available to recognized national agencies in the health and welfare field. Use of the Committee by nongovernmental national health and welfare agencies is a cooperative process in which citizen leaders representing local communities and national agencies report on agency programs, budgets, and support plans. Such examination and reporting constitute a service to the agency and to communities which cannot examine national agency matters adequately for themselves. The membership of the Committee consists of over 80 per cent local lay leaders from 34 states who examine budgets annually in March and issue reports in May. A year-round service is being developed to provide communities with specially significant information about any national agency program. Such service may be initiated by request of a national agency or of communities. The National Budget and Consultation Committee is sponsored by the National Social Welfare Assembly and United Community Funds and Councils of America. It is staffed by the latter. Its findings are not subject to review by either sponsoring organization.

Periodical: Full reports of the National Budget and Consultation Committee, annually, \$2.50 per set of 32 reports.

National Bureau of Economic Research, Inc.
(1920); 261 Madison Ave., New York 16; William J. Carson, Executive Director.

Activities: The National Bureau conducts impartial research, largely statistical, in the social sciences, particularly on such subjects as business cycles, national income, production, prices, capital formation, banking, credit, finance, employment, wages, profits, and fiscal problems. Its reports are published after review by a board of directors representing different economic and social viewpoints, labor and management. Books, occasional papers, and technical papers are published in varying numbers each year. Books are

published by Princeton University Press; occasional papers and technical papers, by the National Bureau itself.

National Catholic Camping Association
(1951); 1312 Massachusetts Ave., N.W., Washington 5, D.C.; J. Russell Saunders, Executive Secretary.

Membership: Individuals, 350; camps, 180.

Purpose and Activities: To promote Catholic action, thought, and philosophy through an organized camping program; to explore and encourage proper and adequate camp standards to meet the needs of the members of this Association; to promote and publicize the member camps of the Association; to act as a liaison group with governmental agencies on the federal, state, and local levels with respect to camping matters; and to emphasize the need of Catholic Camping as an integral part of the Catholic youth program.

Periodicals: Trail Signs, bimonthly, free to members; Directory of Catholic Camps, annually, \$1.00 a copy.

National Catholic Community Service, Inc.
(1940); 1312 Massachusetts Ave., N.W., Washington 5, D.C.; Thomas D. Hinton, Executive Director.

Purpose and Activities: The archbishops and bishops of the Catholic Church in America have designated NCCS as the official Catholic agency to aid in serving the religious, spiritual, social, welfare, and educational needs of the men and women of the armed forces of the United States, of patients in Veterans Administration hospitals, of civilians in defense industries, and of their families. Its services are made available principally through the NCCS-VA Hospital Service program, USO local units and "independent" USO-type NCCS clubs. Its USO and independent units for service personnel are located overseas as well as throughout continental United States. NCCS also assists local groups in promoting and conducting pre-induction training programs for young men about to enter military service. Special assistance is also given to chaplains serving with the armed forces and VA hospitals. To achieve its objectives NCCS enlists the support and active participation of Catholics and other groups and individuals in all phases of its operation and program. Although much of its program is recreational in nature, NCCS is primarily interested in the spiritual welfare of those it serves. To this end, it strives as far as possible to surround its constituents with those influences normal to them at home which would best promote

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their religious, spiritual, mental, physical, and social development.

Periodicals: NCCS-VA Hospital News, monthly; NCCS News, quarterly; both free.

National Catholic Resettlement Council (1947); 149 Madison Ave., New York 16; Rt. Rev. Msgr. Edward E. Swannstrom, Chairman.

Membership: Organizations, 15 national, represented by 52 individuals. Membership is limited to organizations concerned with the resettlement of displaced persons and refugees in the United States, whose constituencies are entirely or in part of Catholic faith. There are four nonsectarian national agencies associated with the Council.

Purpose and Activities: To work toward the finding of homes and jobs throughout the United States for displaced persons and refugees, and to cooperate with both national and local organizations in the adjustment and in the integration of such persons in the United States. The Council was established as an advisory body to War Relief Services (now Catholic Relief Services), National Catholic Welfare Conference. Its functions include a widespread educational program among American Catholics on the problems presented by the displaced persons and refugees. Diocesan Resettlement Committees have been established in 127 dioceses in the United States.

Periodical: Newsletter, monthly, free.

National Catholic Rural Life Conference, Inc. (1923); 3801 Grand Ave., Des Moines 12; Rev. James L. Vizzard, S.J., Executive Secretary.

Membership: Individuals, 10,000, including 117 diocesan directors representing their dioceses and religious communities.

Purpose and Activities: To strengthen and develop Catholicity in rural districts, and to promote the general welfare of the rural population. The Conference keeps in constant contact with non-Catholic groups interested in rural life and cooperatives; conducts institutes of instruction for priests, sisters, seminarians, and laity; publishes pamphlets and books containing informational material; holds national conventions to call worldwide attention to the importance of its program to both urban and rural populations; keeps in touch with both state and federal government officials; and watches legislation in rural matters, examines proposed laws in the light of Catholic rural life philosophy, and appears before

committees of Congress. A list of the diocesan directors is available on request.

Periodicals: Catholic Rural Life Page (for newspapers), monthly, free; Rural Pastors News Service (editorial), weekly, free; Rural Life Conference (membership magazine), monthly.

National Catholic Welfare Conference, Inc. (1919); 1312 Massachusetts Ave., N.W., Washington 5, D.C.; Rt. Rev. Msgr. Paul F. Tanner, General Secretary.

Membership: All Catholic archbishops and bishops of the United States and its dependencies; lay groups through the Department of Lay Organizations.

Purpose and Activities: To unify, coordinate, and organize Catholic works of education, social welfare, immigrant aid, and other activities. The Conference maintains the following departments: Executive Department, including International Affairs, Information, U.N. Affairs, and National Center Confraternity of Christian Doctrine; Department of Education, a clearinghouse for Catholic educational agencies; Department of Immigration, handling problems in immigration, emigration, deportation, naturalization, and citizenship; Department of Lay Organizations, seeking through coordinate branches—National Council of Catholic Men and National Council of Catholic Women, both listed separately in this section of the DIRECTORIES OF AGENCIES, and the National Council of Catholic Nurses—to unite groups of the laity and to vitalize corporate Catholic life, and maintaining through these branches Catholic television and radio programs; Department of Social Action, covering the fields of family life, industrial relations, health and hospitals, international affairs; civic education, social welfare, and rural life; Youth Department, facilitating the exchange of information in the Catholic youth field, and maintaining contact with other youth organizations; Legal Department, serving as a clearinghouse of information on federal, state, and local legislation; and the Press Department, furnishing material to Catholic newspapers in English and Spanish. The Conference's Catholic Relief Services aids refugees and displaced persons.

National Child Welfare Division, The American Legion (1925); P.O. Box 1055, Indianapolis 6; Randel Shake, Director.

Purpose and Activities: To assure care and protection for children of veterans and to improve conditions for all children. The Division has four general methods of operation: influencing

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federal and state legislation in accordance with policies established by national conventions; informing its membership and the general public of the needs of children and suggested methods of meeting those needs; payment of temporary financial assistance to children of veterans of World War I and II and the Korean conflict in those cases where needs cannot be met from other sources; and maintenance of a nationwide scholarship information service. The Division stimulates volunteer activities of child welfare committees of the American Legion, American Legion Auxiliary, 40/8 and 8/40 in all states, and in more than 17,000 local posts and approximately 14,000 auxiliary units. Activities and policies include five major areas of child welfare interests: financial assistance, health services for children, social and protective services for children, education, and child welfare administration. Basic principles of the program are: the preservation of the family home; maintenance of interest in the whole child—his physical, intellectual, emotional, and spiritual well-being; and cooperation with other organizations to avoid the establishment of duplicating or competitive facilities. There is also an American Legion Child Welfare Foundation which is a separate organization but which draws upon the services of the National Child Welfare Division. The Division is a member agency of the Child Welfare League of America, American Public Welfare Association, and National Conference on Social Welfare.

National Civil Liberties Clearing House (1948); 1637 Massachusetts Ave., N.W., Washington 6, D.C.; Mary Alice Baldinger, Executive Director.

Activities: The Clearing House is an informational agency operating in the fields of civil liberties, civil rights, intellectual freedom, and human rights in their international aspects. More than 60 national organizations at present cooperate through the Clearing House in these areas.

Periodical: National Civil Liberties Clearing House Bulletin, monthly, \$10 a year, including supplementary informational services.

National Civil Service League (1881); 315 Fifth Ave., New York 16; James R. Watson, Executive Director.

Purpose and Activities: To promote better personnel policies and practices at all levels of government; to elevate the moral integrity and prestige of the civil services. Consults with legislators, government officials, organizations of citizens, in

furtherance of these objectives. Makes studies of governmental personnel problems and recommends solutions. Recognizes and publicizes achievements of outstanding federal civil servants through annual Career Service Awards. Helps to organize citizen groups to work for improving public personnel administration.

Periodicals: Good Government and Newsletters, each bimonthly, \$2.00 a year.

National Committee on Boys and Girls Club Work (1921); 59 East Van Buren St., Chicago 5; Norman C. Mindrum, Director.

Purpose and Activities: Extend and expand the membership and influence of the 4-H Club program, conducted by the Extension Service of the U.S. Department of Agriculture and the state agricultural colleges. Stimulate interest in health, safety, agriculture, home economics, character building, and citizenship activities among rural youth. To accomplish these objectives, the Committee annually solicits and supervises \$900,000 worth of awards and related aids as incentives and recognition for outstanding records in 4-H Club projects and activities by the membership; cooperates with the Extension Service in conducting the National 4-H Club Congress (annually attended by 1,350 delegates from all states, Puerto Rico, and Canada); procures funds for training volunteer 4-H leaders in tractor operation and care, and in the care and use of the sewing machine; publishes a monthly periodical containing constructive ideas and features for local leaders and agents; maintains a mail order supply department providing materials for use of clubs; and disseminates 4-H information for press, radio, and television use. The Committee comprises 33 directors and members, who are leaders in business, education, and civic affairs.

Periodical: National 4-H News, monthly.

National Committee on Employment of Youth of the National Child Labor Committee, Inc. (1904); 419 Fourth Ave., New York 16; Eli E. Cohen, Executive Secretary.

Purpose: Concentrates on youth and work through public education, research, consultation, field service, and community action. Promotes more and better preparation for employment, stimulates increased worthwhile work opportunities for teenagers, and protects children from harmful and exploitative employment.

Periodicals: American Child, quarterly, November through May, \$2.00 a year; Youth and Work, bimonthly newsletter, November through May, \$1.50 a year; annual reports and other publications.

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National Committee on Homemaker Service (1939); 1438 E. 57th St., Chicago 37; Mr. Elwin A. Miller, Chairman.

Purposes and Activities: To stimulate the establishment and development of homemaker service programs through: (a) serving as a source of general information for agencies and groups interested in homemaker service; (b) undertaking selected projects; (c) stimulating the preparation of papers and articles and arranging for their distribution; (d) holding annual conferences; and (e) issuing a periodic *Newsletter* to the membership. Annual meetings are open to representatives of agencies operating or establishing a homemaker service and to individuals and groups interested in the service. The Committee maintains a liaison with the American Public Health Association. The Committee works cooperatively with the Children's Bureau and the Bureau of Public Assistance of the U.S. Department of Health, Education, and Welfare, the Family Service Association of America, the Child Welfare League of America, the American Public Welfare Association, and the United Community Funds and Councils of America. Consultation and materials on various aspects of homemaker service are available through these agencies. The Committee also offers consultation and suggestions regarding sources of information about homemaker service.

National Community Relations Advisory Council (1944); 55 West 42nd St., New York 36; Isaiah M. Minkoff, Executive Director.

Membership: National organizations, 6; state, 4; local, 43.

Activities: The NCRAC is a joint planning and coordinating agency. As such, its activities are essentially those of facilitating interconsultation among the constituent agencies for the joint formulation of policies and plans, and maintaining machinery for clearance, joint study, and assessment of programs and techniques, and the channeling of information and counsel to communities on organization and activities for advancing Jewish community relations.

National Conference of Catholic Charities (1910); 1346 Connecticut Ave., N.W., Washington 6, D.C.; Rt. Rev. Msgr. John O'Grady, Secretary.

Membership: Individuals, 2,500; organizations and institutions, 1,500.

Purpose and Activities: To evaluate and offer constructive criticism of present-day social wel-

fare problems and programs; and to assist Catholic groups to standardize, coordinate, and interpret their existing programs and formulate necessary new ones. Its activities include an annual meeting, regional meetings, surveys, studies, research, literature, field visits, and representation on national committees.

Periodicals: Catholic Charities Review, monthly September through June, \$1.00 a year; Annual Proceedings, \$2.00 a copy; Directory of Diocesan Agencies of Catholic Charities in the United States and Canada, annually, \$1.25 a copy.

National Conference of Christians and Jews, (1928); Building For Brotherhood, 43 West 57th St., New York, N.Y.; Dr. Lewis Webster Jones, President.

Membership: Individuals, 250,000.

Purpose and Activities: To promote justice, amity, understanding, and cooperation among Catholics, Jews, and Protestants in the United States; and to analyze, moderate, and strive to eliminate intergroup prejudices which disfigure and distort religious, business, social, and political relations, with a view to the establishment of a social order in which the religious ideals of brotherhood and justice shall become the standards of human relationships. The Conference is an association of individuals, not of officials commissioned by their respective religious bodies. It does not aim at any sort of union or amalgamation of religious bodies or at modifying any of the distinctive beliefs of its members. The Conference functions nationally through 5 Commissions—Educational, Religious, Civic, Labor-Management, and Media—to promote intergroup education. On a regional level, it operates through 64 offices and more than 300 chapters across the country. Though perhaps best known as the sponsor of National Brotherhood Week, it carries on a year-round educational program for better human relations in schools and colleges, in churches and synagogues, and with community organizations. It conducts over 80,000 programs annually, the programs ranging from 2 to 6 week workshops in universities; institutes for parents, youth, police officers; film forums; conferences; panel discussions; and radio and television programs.

National Conference of Commissioners on Uniform State Laws (1892); 1155 East 60th St., Chicago 37; Frances D. Jones, Executive Secretary.

Membership: Individuals, 3 from each state, officially appointed by the governor.

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Purpose and Activities: To promote uniformity in state laws on all subjects where uniformity is deemed desirable and practicable. Laws drafted in fields of interest to social work include adoption, desertion and nonsupport, illegitimacy, narcotic drugs, veterans' guardianship, and vital statistics.

Periodical: Handbook, annually, \$3.00 a copy.

National Conference of Jewish Communal Service (1899); 150 East 35th St., New York 16; Preston David, Executive Secretary.

Membership: Individuals and organizations.

Purpose: To provide a forum for the consideration and discussion of problems and principles of Jewish welfare and of programs of Jewish community service agencies, and to formulate principles and programs for the enrichment of Jewish life and of social and economic welfare.

Periodical: Journal of Jewish Communal Service, quarterly, \$7.00 a year in the United States, \$7.50 a year in other countries.

National Conference of Superintendents of Training Schools and Reformatories (1923); Benjamin J. Hill, c/o Otisville Training School for Boys, Otisville, N.Y., Secretary.

Purpose and Activities: To provide an opportunity for informal discussion of professional problems. Meetings, to which all training school and reformatory superintendents are invited, are held annually in New York City. They are not open to the public. There has been an average attendance of 50 over the past 5 years.

National Conference on Social Welfare, Inc.; formerly National Conference of Social Work (1873); 22 West Gay St., Columbus 15, Ohio (New York office, 345 East 46th St., New York 17); Joe R. Hoffer, Executive Secretary.

Membership: Individuals, 5,500; organizations, 1,200.

Purpose and Activities: To promote and share in discussion of the problems and methods identified with the field of social welfare and immediately related fields. The Conference is a forum for such discussion. It does not take an official position on controversial issues and adopts no resolutions except occasional resolutions of courtesy. The Conference conducts an annual national forum as its principal service, also regional meetings on common service subjects in cooperation with selected state conferences. Other services include:

offering a list of significant books at discounts to all but associate members; providing the secretariat to the Association of State Conferences and other services to state conferences; providing the secretariat and other services to the International Conference of Social Work; providing special staff to take advantage of the interpretation values inherent in the annual forum, particularly in relation to newspaper, radio, and television media; and publication services listed below.

Periodicals: Conference Bulletin, quarterly, \$3.00 a year, free to all members; Social Welfare Forum (official proceedings of the Annual Forum), annually, price varies, free to all but associate members; other volumes of selected papers presented at the Annual Forum, annually, prices vary, reduced prices to all but associate members.

National Conference on State Parks, Inc. (1921); 901 Union Trust Bldg., Washington 5, D.C.; Mrs. Dora A. Padgett, Acting Executive Secretary.

Membership: Individuals, organizations, and state park boards, 800.

Purpose and Activities: To inform the public through a central clearinghouse of information and by publications, conferences, courses of training in schools and colleges, and other educational means of the value of state parks, historic sites, forests, and preserves suitable for recreation, study of natural history and science, and preservation of wildlife and conservation of natural scenery. The Conference promotes development within the states of well-balanced state park systems, to the end that every citizen of the United States shall have easy access to state recreation areas and appreciate their value as a recognized form of land use.

National Congress of American Indians; Room 226, Dupont Circle Bldg., 1346 Connecticut Ave., Washington, D.C.; Joseph R. Garry, President, Plummer, Idaho.

Membership: Individuals, approximately 1,000; Indian tribes, 65.

Purpose: To secure to members of Indian tribes and their descendants the rights and benefits to which they are entitled under the laws of the United States, the several states, and Alaska; to enlighten the public toward a better understanding of the Indian people; to preserve Indian cultural values; to seek an equitable adjustment of tribal affairs; to secure and to preserve rights under Indian treaties or agreements with the United States; and otherwise to promote the common welfare of the American Indians.

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Periodical: Bulletin, \$10 a year for non-Indians; Legislative Reports, \$25 a year; all publications, \$40 a year.

National Congress of Parents and Teachers (1897); 700 North Rush St., Chicago 11; Mrs. James C. Parker, President.

Membership: Individuals, 11,516,905; organizations, 45,200 local parent-teacher associations (P.T.A.'s) in the 50 states, District of Columbia, and American military bases in Europe. There are also units in many distant areas, including the Azores, Guam, Labrador, Okinawa, the Philippines, and the Virgin Islands.

Activities: Each parent-teacher association has its own characteristics, but the underlying purpose of promoting the welfare of children and youth unites them all and gives continuity and nationwide significance to their work. The sound financial position, admirable modern equipment, and enriched curriculum of many schools are the direct results of P.T.A. activity. The greatly improved family life in many homes has been made possible by the parent and family life education programs of the P.T.A. The National Congress of Parents and Teachers believes that the following principles, based on the objects of the organization, must be practiced if every child is to have an opportunity to live a full life, satisfying to himself and useful to his community: Human Values, Spiritual Faith, Good Homes, Sound Health, Safety, Educational Opportunity, Conservation of Natural Resources, Constructive Leisure, International Understanding, and Civic Responsibility. The program is carried out by 23 standing committees including those on Character and Spiritual Education, Citizenship, Exceptional Child, Health, International Relations, Juvenile Protection, Mental Health, Parent and Family Life Education, Reading and Library Service, Recreation, and Safety.

Periodicals: National Parent-Teacher: The P.T.A. Magazine, monthly, September through June, \$1.50 a year; National Congress Bulletin, 10 issues yearly, 30 cents a year; annual Proceedings, \$1.75 a copy.

National Consumers League, Inc. (1899); 1025 Vermont Avenue, N.W., Washington 5, D.C.; Vera Waltman Mayer, General Secretary.

Membership: Individuals and organizations, 3 in 3 states, each with its own membership.

Purpose and Activities: To awaken consumer responsibility for conditions under which goods are made and distributed; and through investiga-

tion, education, and legislation to promote fair labor standards. The League's program includes promotion of state and federal legislation in the field of minimum wage, hours of work, and child labor; expansion and improvement of the social security system, including national health insurance; adoption of standards for the living and working conditions of agricultural migrants; effective enforcement of labor laws; and adequate appropriations for labor departments.

Periodical: Bulletin, quarterly, \$1.00 a year.

National Council of Catholic Men (1920); 1312 Massachusetts Ave., N.W., Washington 5, D.C.; Martin H. Work, Executive Director.

Membership: Organizations, 9,000 national, state, diocesan, and parish men's organizations federated within the National Council of Catholic Men.

Purpose and Activities: To serve as a coordinating agency and information exchange center for Catholic lay organizations of the country. Serves as spokesman and national representative of its affiliates. It is an integral part of the Lay Organizations Department of the National Catholic Welfare Conference. It plans, stimulates, and develops a program of Catholic Action in the fields of youth, family life, civic and social action, legislation, public relations, communications, and religious activities. It produces two nationwide weekly radio programs known as The Catholic Hour and The Christian in Action. It also produces the Catholic Hour on NBC television. On CBS television it produces the Catholic segments of "Look Up and Live" and "Lamp Unto My Feet."

Periodical: Catholic Men, monthly.

National Council of Catholic Women (1920); 1312 Massachusetts Ave., N.W., Washington 5, D.C.; Margaret Mealey, Executive Secretary.

Membership: Organizations, 22 national, 10 state, and 12,000 local. Membership is limited to organizations of Catholic women which have received ecclesiastical approval.

Activities: As an integral part of the National Catholic Welfare Conference, the Council serves as the medium through which Catholic women may speak and act as a unit on matters of public interest, stimulates the efficiency and usefulness of existing organizations of Catholic women, and renders assistance to the work of all local Catholic women's organizations. Among the Council's national committees are the following: Civil

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Defense, Cooperating with Catholic Charities, Cooperating with the Confraternity of Christian Doctrine, Family and Parent Education, Home and School Associations, Immigration, International Relations, Inter-American Relations, Legislation, Libraries and Literature, Public Relations, Rural Life, Social Action, Spiritual Development, Study Clubs, Foreign Relief, and Youth.

Periodicals: Monthly Message to Affiliated Organizations (subscription restricted to affiliated organizations and members of these organizations), \$2.00 a year; Women in Catholic Action, information and report, quarterly, \$1.00 a year.

National Council of Catholic Youth (1937); 1312 Massachusetts Ave., N.W., Washington 5, D.C.; Monsignor Joseph E. Schieder, Ph.D., Director.

Membership: Organizations, 3 national: National Federation of Catholic College Students, National Newman Club Federation, and the National Council of Catholic Youth, Diocesan Section.

Purpose: To serve as the coordinating agency for all approved Catholic youth groups in the United States, to promote the interchange of information and services among the constituent groups of the NCCY, to help Catholic youth groups better to understand and cope with problems of national importance, to train youth leaders for community and nation, and to represent and to serve as a unified voice for all American Catholic young people when the need arises, while not interfering thereby with the autonomy and traditional activities of the individual groups.

Periodicals: Youth Magazine, 9 times a year; Program Service, bimonthly.

National Council of Housing and Planning Associations (1940); 812 West 9th St., Cincinnati 2; D. Reid Ross, President.

Membership: Organizations, local citizen housing and planning associations.

Purpose and Activities: The Council is composed of executives and board members of citizen housing and planning associations located throughout the country. It facilitates cooperation between the representatives of these associations and aids in the creation or strengthening of citizen housing and planning activity in neighboring communities. The membership of its constituent organizations is primarily composed of persons holding no official positions.

National Council of Jewish Women, Inc. (1893); 1 W. 47th St., New York 36; Hannah Stein, Executive Director.

Membership: Individuals, 110,000; sections, 245; regional conferences, 10.

Purpose and Activities: To promote a program concerned with the following: overseas service, service to foreign born, community welfare, international affairs, contemporary Jewish affairs, and social legislation. Specific study and welfare programs are conducted by the local sections, under the guidance of national committees and professional staff. In welfare activities, the Council functions through establishment of neighborhood houses, nursery schools, summer camps, and health clinics; through work with the aged and the handicapped; by a concerted campaign to improve mental hygiene conditions throughout the country; and by serving the varied needs of the immigrant. Through its overseas service program, it offers scholarships in social work and education, at American universities to qualified Jewish men and women from abroad who will return to aid in the social reconstruction of their own countries; offers fellowships for non-professional training in the U.S. to women who are active volunteers in Jewish communities overseas; encourages the shipment of packages of work and play material to kindergartens in Israel and North Africa; and supports the School of Education, Hebrew University, Jerusalem. In 1946 the organization's National Service to Foreign Born Department was merged with the National Refugee Service to form the United Service for New Americans. The merger enabled the Council to expand its essential local services to newcomers.

Periodical: Council Woman, issued six times a year, free.

National Council of Negro Women, Inc. (1935); 1318 Vermont Ave., N.W., Washington 5, D.C.; Dorothy I. Hoight, National President.

Membership: Individuals, 850,000; organizations, 22 national organizations, 96 local councils.

Purpose and Activities: To disseminate information on the joint activities of women and on those issues that vitally affect the lives of Negro women; to interpret the problems, needs, and aspirations of Negro women to themselves and to the community; to educate Negro women for and to stimulate them to take full advantage of all democratic rights and privileges; and to build good will and mutual understanding through programs designed to promote better intraracial, interracial, and international rela-

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tions. The Council maintains regular contacts with women in communities throughout the country by its national affiliates and their local branches. It embraces organizations from church, fraternal, industrial, professional, educational, and civic groups. The Council's general program covers Archives and Museum, Citizenship Education, Education, Human Relations, International Relations, Labor and Industry, Public Relations, Religious Education, Social Welfare, and Youth Conservation.

Periodical: Telefact (a news bulletin), monthly.

National Council of Seamen's Agencies, Inc.
(1932); 550 West 20th St., New York 11;
A. S. Benton, Executive Secretary.

Membership: Most of the regular seamen's agencies in the United States and Canada.

Activities: Seamen's agencies in the United States and Canada are brought together in an annual meeting to discuss and act upon problems relating to the industrial, health, and social conditions of seamen. The Association exerts its influence in behalf of all measures that will improve these conditions, promotes special studies, and issues bulletins for its members. Its annual meetings are held in late spring or early summer at convenient seaport locations.

Periodical: Proceedings of the Annual Meeting.

National Council of State Agencies for the Blind, 536 West 30th St., Indianapolis 23, Ind.;
Howard C. Carroll, Director.

Membership: Individuals 55, each representing a state agency for the blind.

Purpose: To make possible an interchange of views on professional standards, policies, and administrative matters affecting agencies with state-supported and statewide programs of services for the blind; and to furnish a medium for such agencies to coordinate their points of view with reference to federal legislation and other common problems.

National Council of State Committees for Children and Youth (serving until after the 1960 White House Conference on Children and Youth as the National Council of State Committees for the 1960 White House Conference); 1800 Green St., Columbia, South Carolina; Miss Lucia Murchison, Secretary.

Membership: Until after the 1960 White House Conference on Children and Youth, State Com-

mittees designated by the Governors of the respective states (and other jurisdictions including the District of Columbia, the Virgin Islands, Guam, and American Samoa) to participate in preparations for this Conference are eligible for membership in the National Council of State Committees for the 1960 White House Conference. Eligible state committees have (by August 1959) been designated in all but one of the eligible jurisdictions. What, after the 1960 Conference, will be the criteria for membership in the previously existing National Council of State Committees for Children and Youth will be determined at that time.

Purpose and Activities: In planning for the 1960 White House Conference, the Council has represented the interests of State Committees, has urged and facilitated State Committee participation in the Conference, and has otherwise cooperated with the White House Conference Staff. Joint Conferences with the federal Interdepartmental Committee on Children and Youth and the Council of National Organizations have been held. A directory of members is published from time to time and the Council serves as a clearing house of information for member Committees.

National Council of the Churches of Christ in the United States of America (1950);
475 Riverside Drive, New York 27; The Rev.
Roy G. Ross, General Secretary.

Membership: Thirty-four Protestant, Eastern Orthodox and other communions with constituency of thirty-five million members. The National Council was constituted in 1950 by the merger of twelve interdenominational national organizations including the Federal Council of Churches.

Purposes and Activities: To provide a channel for the cooperative work of the churches in areas of mutual concern including social, interracial, and international problems. The four major program divisions are Christian Education, Home Missions, Foreign Missions, and Christian Life and Work. The social concerns of the churches are the responsibility of various departments, including: Social Welfare, Racial and Cultural Relations, Church and Economic Life, International Affairs, Pastoral Services, Migrant Work, Indian Work, Church World Service, and Christian Social Relations (United Church Women). The Department of Social Welfare, Rev. William J. Villaurme, Ph.D., Executive Director, sponsors the Church Conference of Social Work and the National Conference on the Churches and Social Welfare. The Department of Social Welfare maintains cooperative relationships with denominational boards, church welfare agencies, state and local councils of churches, and represents the churches when requested.

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Periodicals: Information Service, biweekly September through June, \$3.50 a year; Washington Office Memo, twice monthly, October through July, \$1.00 a year; and numerous other publications.

National Council of Women of the United States, Inc. (1888); 345 East 46th St., New York 17; Mrs. William Barclay Parsons, President; Mrs. E. T. Willson, Executive Vice-President.

Membership: Individuals, 1,200; organizations, 22. Organizations must meet specified requirements for membership. Individual membership is open to the public.

Purpose and Activities: To unite member organizations in a national council affiliated with the International Council of Women, to serve as a clearinghouse for the dissemination of information concerning the activities and methods of organized womanhood, and to initiate and promote national projects which are in harmony with the general purposes of the Council, which was founded for the practical implementation of the Golden Rule. Among the Council's committees are the following: Child Welfare, Education, Fine Arts (including Arts), Letters, Music, Health, Home Economics, Housing, Human Relations, International Hospitality, Laws and Suffrage, Legislation, Media, Migration, Moral Welfare, Peace and International Relations, Peaceful Uses of Atomic Energy, Trades and Professions.

National Council on Agricultural Life and Labor (1950); 1751 N St., N.W., Washington 6, D.C.; Elizabeth B. Herring, Executive Secretary.

Activities: The Council is a voluntary federation of farm, labor, civic, and religious groups of all faiths. It maintains an office in Washington and informs its members about legislation and other government action affecting the welfare of agricultural workers and family farmers. It encourages and facilitates action by its members. The Council publishes a bulletin and news letters reporting on federal and state events affecting agriculture generally and low income farm groups specifically. It holds meetings to give information and facilitate action by members of the NCALL on local and national issues and sets up consultations with member and non-member organizations and government agencies. Such consultations have been held on social welfare problems of low-income farm areas, education of the children of migratory agricultural workers, importation of foreign farm labor, and

improvement of labor conditions of migratory and other farm workers. The NCALL Research Fund, Inc., conducts studies of the problems of farm workers and low-income farmers.

National Council on Alcoholism, Inc. (1944); (formerly National Committee on Alcoholism); 2 East 103rd St., New York 29; Mrs. Marty Mann, Executive Director.

Membership: Individuals, 329; affiliates, 57 in 21 states, 1 in Bermuda, 1 in Australia, 1 in New Zealand, 1 in South Africa; official agency members, 34 state alcoholism programs, 5 municipal programs, 5 Canadian provincial programs.

Purpose and Activities: Prevention and control of alcoholism through education, research, and community services. NCA conducts a broad national program of education and public information; acts as a national clearinghouse of information on activities in this field; promotes and supports research; conducts an annual training course for personnel at Teachers College, Columbia; maintains a large stock of literature covering all aspects of alcoholism; provides consultation and special services to national, state, and local agencies, both governmental and voluntary, and to special groups (schools, churches, labor, industry, civic and professional organizations, etc.). Local branches, organized by NCA and affiliated with it, follow a coordinated plan of community action, including education of the community, establishment of an Alcoholism Information Center, promotion of better hospital facilities for the treatment of acute alcoholism, and of outpatient diagnostic and treatment clinics. Price list of its literature may be obtained by addressing Publications Division.

National Council on Community Foundations, Inc. (est. 1949; inc. 1957); 345 East 46th St., New York 17; Wilmer Shields Rich, Executive Director.

Membership: Full membership is open to local community foundations and trusts; sustaining membership, to national organizations or foundations; associate membership, to local organizations or foundations, or individuals.

Purpose and Activities: To promote the growth and effective operation of community foundations and trusts throughout the United States and Canada; to encourage private giving for community uses of a charitable, educational, scientific, or cultural nature; and to engage in research in the fields of stimulation and management of corporate and individual gifts for community uses. To this end the Council conducts

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annual and other meetings to enable interchange of information among and to give assistance to active and potential community foundations; renders field service, upon request; publishes a Handbook, Proceedings of its Annual Meetings, an annual Report on the Status of Community Foundations, and a Newsletter; distributes selected materials dealing with the organization and operation of community foundations; and engages in national interpretation of the community foundation movement.

National Council on Family Relations, Inc. (1938); 1219 University Ave., S.E., Minneapolis 14; Ruth H. Jewson, Executive Secretary.

Purpose: To provide opportunities for organized groups, agencies, members of allied professions, and individuals interested in family life to plan and act together voluntarily for the advancement of marriage and family life by means of consultation, conference, and cooperation on the goals, needs, and problems of marriage and family living. The Council helps formulate sound proposals for the family through discussion by interested parties and groups. It does not implement such proposals. It is interested in appraisal of action programs already in effect. It does not carry on counseling, education, and research *per se*, but is interested in stimulating and encouraging the development of such areas.

Periodical: Marriage and Family Living, quarterly, \$7.50 a year.

National Council on Naturalization and Citizenship (1930); 509 Madison Ave., New York 22; Donald R. Young, President; Ruth Z. Murphy, Executive Vice President.

Membership: Individuals, 165; organizations, 70.

Activities: The Council is a central agency which makes and publishes studies and assembles information about citizenship and naturalization laws, procedure, organized naturalization aid, and related matters; and works for legislative and administrative improvements.

National Education Association of the United States (1857); 1201 16th St., N.W., Washington 6, D.C.; William G. Carr, Executive Secretary.

Membership: Individuals, 650,000; affiliated organizations, 66 state and 6,468 local.

Purpose and Activities: To elevate the character and advance the interests of teaching, and to promote the cause of education in the United

States. The activities of the Association related to the broad field of social work are indicated by the following departments: American Association for Health, Physical Education, and Recreation; American Association of Colleges for Teacher Education; American Association of School Administrators; American Educational Research Association; American Industrial Arts Association; Association for Supervision and Curriculum Development; Audio-Visual Instruction; Classroom Teachers; Elementary School Principals; Higher Education; Home Economics; Council for Exceptional Children; Kindergarten-Primary Education; Music Educators; National Art Education Association; Women Deans and Counselors; Journalism Directors; Public School Adult Educators; Educational Secretaries; Secondary-School Principals; Administrative Women in Education; Teachers of Mathematics; Retired Teachers; Public Relations Association; Science Teachers; National Council for the Social Studies; Rural Education; Speech Association of America; United Business Education Association; and Vocational Education. Committees and commissions in this field include: Citizenship; Credit Unions; Educational Policies Commission; International Relations; Legislative Commission; National Commission on Teacher Education and Professional Standards; National Commission for the Defense of Democracy through Education; National Commission on Safety Education; National Council on Teacher Retirement; Professional Ethics; Tax Education and School Finance; and Tenure and Academic Freedom. The Association has joint committees with the American Legion; American Library Association; American Medical Association; American Teachers Association; Magazine Publishers Association; National School Boards Association; and the National Congress of Parents and Teachers.

Periodicals: Journal of the National Education Association, monthly September through May, \$10 a year; Research Bulletin, 4 issues yearly, \$3.00 a year; Proceedings, annually, \$5.00 a copy.

National Federation of Business and Professional Women's Clubs, Inc. (1919); 2012 Massachusetts Avenue, N.W., Washington 6, D.C.; Freda Dixon, Executive Director.

Membership: 174,000; local clubs, 3,400 in 49 state federations, District of Columbia, Hawaii, and Puerto Rico. Membership is initiated on the club level. When a woman joins a local Business and Professional Women's club she automatically becomes a member of the State Federation and the National Federation. Any woman employed for compensation in industry, business, or in the professions is eligible for membership. At least

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75 per cent of each club group must be actively employed in a business or profession.

Purpose and Activities: The Federation's purpose is to elevate the standards for women in business and the professions. Through its program on basic social, economic, and political questions the Federation provides a medium for individual growth and group understanding through which members prepare themselves for and take leadership in local, state, national, and international affairs. The Federation is the spokesman for the interests and needs of all business and professional women.

National Federation of Settlements and Neighborhood Centers (1911); 226 West 47th St., New York 36; Margaret Berry, Executive Director.

Membership: Individuals, 500, organizations, 258.

Purpose and Activities: To work with neighborhood centers to improve their services, to promote the welfare of neighborhoods served by settlements, to represent settlements and their neighborhoods in matters of public interest, to provide a medium for the collection and dissemination of information about neighborhood work. The Federation offers advisory and staff services covering: improvement of services, studies and research, personnel recruitment and referral, training, conferences, improvement of living conditions in neighborhoods. The Federation's standing committees include: Personnel Practices, Training, Social Education and Action, Membership Standards, and other program and administrative committees. Special publications are issued.

Periodical: Round Table, 6 issues a year.

National Foundation, The (originally National Foundation for Infantile Paralysis, 1938); 800 Second Avenue, New York 17; Basil O'Connor, President; Melvin A. Glasser, Executive Vice President.

Membership: Chapters, 3,100.

Activities: The National Foundation, through its local chapters, uses March of Dimes funds to aid polio patients of all ages and patients with arthritis and certain types of birth defects (congenital malformations) of the central nervous system through age 18 who cannot meet full costs of care; collaborates with medical and health authorities to stimulate use of the Salk polio vaccine; provides funds for training courses in treatment techniques and offers scholarships and fellowships in the health professions; plans and finances a nationwide program of research in the fields of arthritis, birth defects, polio,

virus diseases, and disorders of the central nervous system; and publishes and distributes information for both professional and public use.

Periodical: National Foundation News, monthly, free.

National Fund for Medical Education (1949); 2 West 46th St., New York 36; Chase Mellen, Jr., Executive Vice President.

Membership: Trustees, 84.

Purposes: To raise from private sources, dispense, and administer funds for medical education and in connection therewith to take other appropriate action to promote and foster the following objectives: (a) the interpretation of the needs of medical education to the American public; (b) the encouragement of the growth, development, and advancement of constantly improving standards and methods in the education and training of all medical manpower in the nation; (c) the preservation of academic freedom in institutions of medical education and the aiding of these institutions in offering equality of educational opportunity to all those who are qualified to seek to enter the medical profession; and (d) the strengthening of the nation's ability to survive by training and educating a sufficient corps of well-equipped men and women to care adequately for the people's health and medical needs. In addition to its ongoing campaign for teaching support, the National Fund has instituted a basic medical research program, support for which will be forthcoming mainly from united funds and local chests, although contributions will be accepted from such other organizations and agencies as wish to participate. Grants will be made in the form of institutional awards to the medical schools and to other qualified research groups.

National Health and Welfare Retirement Association, Inc. (1945); 800 Second Ave., New York 17; Paul E. Mais, Administrative Vice President.

Membership: Individuals, 37,000; organizations, 2,600 health and welfare agencies in communities throughout the U.S.

Purpose: To establish and maintain a retirement system for the purpose of providing pension benefits to employees of nonprofit organizations in the United States and Canada devoted to charitable, health, or welfare work, including religious and research organizations performing any charitable, health, or welfare work, and educational organizations engaged in such work or providing training therefor.

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Publications: Annual Report and Designing Improved Retirement Plans.

National Health Council, Inc. (1921); 1790 Broadway, New York 19; Philip E. Ryan, Executive Director.

Membership: Organizations, 65 national, including 47 active members, 7 advisory members, 7 associate members, and 4 sustaining members.

Activities: The Council is a mechanism established by the national health agencies to assist them to work together in their common interest to promote the health of the nation. It consists chiefly of voluntary organizations and professional societies in the health field. Government health agencies are advisory members, and national organizations and business groups with strong health interests are associate and sustaining members. The Council's basic purposes are: to help member agencies work more effectively together in their common interest to promote better health throughout the nation; to help identify, call attention to, and promote solutions of national health problems; and to promote better state and local health services whether governmental or voluntary. The Council sponsors annually the National Health Forum which is designed to direct public and professional attention to some current national health problem. The Council maintains contact with state and local health councils, including health divisions of community welfare councils. It staffs and supports the National Advisory Committee on Local Health Departments. The Council sponsors the National Health Library and operates common services for member agencies. Publications include an annual report and a directory of member agencies.

National Housing Conference, Inc. (1931); formerly National Public Housing Conference; 1025 Connecticut Ave., N.W., Washington 6, D.C.; Francis X. Servaites, Executive Vice President.

Membership: Individuals and organizations, 4,000.

Activities: The Conference promotes citizen education and representation of the public interest in housing, and serves as a clearinghouse for all groups concerned in achieving the goal of a decent home and suitable living environment for every American family. It is also concerned with the mobilization of national resources through housing programs at all levels of government, in cooperation with private enterprise, to provide a supply of homes adequate in quantity, quality,

and price. Special reports and studies are published.

Periodicals: Housing Yearbook, annually; Membership Newsletter, monthly.

National Industrial Recreation Association, Inc. (1940); 203 North Wabash Ave., Chicago 1; Don L. Neer, Executive Secretary.

Membership: 900 companies with employee recreation programs.

Activities: The Association serves as a national clearinghouse for employee recreation information through national and regional conferences, frequent bulletin service to member companies, consultation service, and advisory service. Individual memberships are available to persons not connected with industry or employee organizations thereof.

Periodical: NIRA Newsletter, bimonthly, to members only; Recreation Management, monthly magazine.

National Industries for the Blind, Inc. (1938); 15 West 16th St., New York 11; C. C. Kleber, General Manager.

Purpose: To standardize and promote the sale of blind-made products on a nonprofit basis, and to act as the allocating agency for orders for blind-made products received from the federal government. Consultation services are also available to affiliated agencies for the blind, as well as to those not affiliated, on workshop management, production, sales, industrial homework, and money raising. The organization was founded by the American Foundation for the Blind.

National Information Bureau, Inc. (1918); 205 East 42d St., New York 17; D. Paul Reed, Executive Director.

Purpose and Activities: The Bureau was formed in 1918 as a nonprofit organization to supply two needed services: advisory service on giving, for use by both individuals and corporations, and standard maintenance work for the public as a whole. It is asked about 600 organizations that solicit contributions at the national or international level each year. Individuals may join and obtain advisory reports for a contribution-membership of \$10, and corporations for a minimum of \$25. Its membership includes community chests and councils, foundations, chambers of commerce, corporations, and individuals.

Periodical: Giver's Guide to National Philanthropy, annually, individual copies free.

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National Jail Association (1938); P.O. Box 467, Keene, Texas; Roy Casey, Executive Secretary and Treasurer.

Membership: Covers every state in the Union, Canada, and several foreign countries.

Purpose and Activities: To band together all those concerned with or interested in the custody and care of persons awaiting trial, serving sentence, or otherwise confined in jails with a view to improving the conditions and systems under which such persons are treated. The Association is an affiliate of the American Correctional Association, and with that Association is the sponsor of the American Journal of Correction, a publication devoted to the progressive administration of jails, prisons, reformatories, and other penal and correctional institutions. Sponsors regional forums on jail problems throughout the United States annually.

National Jewish Welfare Board, Inc. (1917); 145 East 32d St., New York 16; Samuel D. Gershovitz, Executive Vice President.

Membership: Affiliated national organizations, 40; regional organizations, 8; constituent societies, 355 Jewish Community Centers and YM-YWHA's in the United States and Canada with 604,000 members.

Activities: As the national association of Jewish Community Centers and YM-YWHA's the organization provides field service, creative program materials, and technical consultative services, and trains and recruits professional personnel. As a sponsor of the Jewish Book Council of America, National Jewish Music Council, and Jewish Center Lecture Bureau, it furnishes American Jewish communities with materials, stimulus, and direction for advancement of Jewish cultural life. As the American member of World Federation of YMHA's and Jewish Community Centers, it helps to build the Jewish Community Center movement throughout the world. JWB is the agency recognized by the United States Government and designated by the American Jewish community to serve religious, welfare, and morale needs of Jewish personnel in armed forces and Veterans Administration hospitals and to recruit, serve, and ecclesiastically endorse Jewish chaplains for the armed forces and VA. JWB represents the American Jewish community in the USO. These services are carried out through its Armed Services Division, Jewish Community Center Division, Commission on Jewish Chaplaincy, and Women's Organizations' Division.

Periodicals: JWB Circle, monthly September through May, \$1.00 a year; Jewish Community

Center Program Aids, bimonthly, \$3.00 a year; Women's Division Bulletin, 3 issues yearly, free; Jewish Book Annual, \$2.00 a copy.

National League for Nursing, Inc. (1952); 10 Columbus Circle, New York 19; Inez Haynes, R.N., General Director.

Membership: Individuals, 22,500 professional nurses, practical nurses, nursing aides, allied professional and lay members; organizations, 1,050 agency members (public health nursing services; schools, divisions, and departments that provide educational programs in nursing).

Purpose and Activities: To promote and make more effective all types of nursing services in communities and all types of educational programs throughout the country so that the nursing needs of the people will be met. Provides central bureau of information, consultation, and advice. Conducts surveys of local services and nationwide studies. Establishes standards and goals for organized nursing services and nursing education programs, and develops guides and tools by which they can measure and evaluate their effectiveness. Accredits educational programs in nursing. Sponsors an active recruitment program for nursing. Furthers cooperation with others interested in nursing services and nursing education.

Periodicals: Nursing Outlook, monthly, \$4.00 a year; Nursing Research, three times a year; and NLN News, bulletin, sent to all members.

National Legal Aid and Defender Association (1949); American Bar Center, Chicago 37; Emery A. Brownell, Executive Director.

Membership: Organizations, 138, complying with certain minimum standards and engaging in legal aid and defender work; individuals, 1,125 interested in legal aid and defender work.

Purpose and Activities: To promote and develop legal aid and defender work; to encourage the formation of new legal aid and defender organizations wherever they may be needed; to provide a central body with defined duties and powers for the guidance of legal aid and defender work; and to cooperate with the judiciary, the bar, and all organizations interested in the administration of justice. The Association is actively interested in developing effective working relations with other social and legal agencies. The formation of the Association was sponsored by the former National Association of Legal Aid Organizations and the Standing Committee on Legal Aid Work of the American Bar Association.

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Periodicals: Legal Aid Brief Case, 5 issues yearly; Directory of Legal Aid and Defender Services; miscellaneous reports, handbooks, and pamphlets.

National Legion of Decency (1934); 453 Madison Ave., New York 22; Very Rev. Monsignor Thomas F. Little, S.T.L., Executive Secretary.

Activities: These consist of the review and moral classification of current entertainment feature motion pictures, and the publication and distribution of such classifications. The Motion Picture Department of the International Federation of Catholic Alumnae is the official reviewing agency for the Legion.

Periodical: National Legion of Decency List, bi-weekly, \$3.00 a year (third class mail) and \$4.00 a year (first class mail). Compilation of all pictures reviewed and classified 1936 to 1955, \$4.00. Yearly booklets to 1959, 25 cents.

National Multiple Sclerosis Society (1946); 257 Fourth Ave., New York 10; Sylvia Lawry, Executive Director.

Purpose and Activities: To support, coordinate, and stimulate research in multiple sclerosis and related diseases; to obtain and disseminate all pertinent information regarding multiple sclerosis and related diseases; to encourage and assist in establishing chapters, branches, and units of the National Society; to aid and encourage in establishing multiple sclerosis clinics and therapy centers; to aid individuals disabled by multiple sclerosis and related diseases, and their families; to make grants of money from Society funds to carry out the Society's objectives, for the prevention, diagnosis, treatment, alleviation, or cure of multiple sclerosis and related diseases. Chapters and affiliates, 163. The Society has supported a total of 105 research grants and 22 fellowship grants since its inception. Chapters partially or wholly support 31 clinics. Since inception 38 per cent of national income has been spent on research, fellowships, and scholarships. Literature available free to the public, multiple sclerosis patients, their families and physicians.

Periodical: MS Keynotes, quarterly, free to members.

National Parks Association, Inc. (1919); 1300 New Hampshire Ave., Washington 6, D.C.; Anthony Wayne Smith, Executive Secretary.

Membership: Over 11,000.

Purpose and Activities: To give the nation a voice in promoting the continued preservation of primeval and natural conditions in the national parks and monuments, and to maintain the high standards of the national parks adopted at the creation of the National Park Service; to encourage the expansion of the national park program and nature protection in all countries; to preserve nationally and internationally important wild and wilderness country and its forests, plantlife, and wildlife for the enjoyment of the people and the benefit of future generations. When plans are proposed that would impair this superlative heritage for the sake of deriving economic gain from its exploitation, the Association points the way to more constructive programs. Publications include Exploring Our National Parks and Monuments and Exploring the National Parks of Canada.

Periodicals: National Parks Magazine, monthly, free to all members, \$4.00 a year to schools and public libraries; News Releases, sent to all members on matters requiring special action.

National Planning Association, Inc. (1934); 1606 New Hampshire Ave., N.W., Washington 9, D.C.; John Miller, Assistant Chairman and Executive Secretary.

Membership: Individuals, 2,000.

Purpose and Activities: To make extensive studies and to develop for public consideration constructive policies for dealing with national and international social and economic problems, under the guiding principle of achieving through democratic means the highest possible material and cultural standard of living for all. The Association serves as a common meeting ground for persons experienced in agriculture, business, labor, and the professions to study jointly problems of nationwide interest, in an effort to narrow the areas of controversy and to broaden the areas of agreement. A permanent staff provides research and administrative services to the standing and special committees. In 1948 the Association took over the distribution of studies and reports published by the former National Committee on Housing and those of the former Program Information Exchange. Recent publications include Case Studies on the Cause of Industrial Peace under Collective Bargaining, Committee of the South Reports, Case Studies on U.S. Business Performance Abroad, and New England Committee Reports.

Periodicals: Looking Ahead, monthly, 10 times a year, free to members; Planning Pamphlet Series, 10 or more issues yearly, 35 cents to

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\$2.00 a copy; Special Report Series, occasional issues, 5 cents a copy and up. Both series included in membership, \$10 per year.

National Probation and Parole Association, Inc. (1907); 1790 Broadway, New York 19; Milton J. Rector, Director.

Membership: Individuals and corporations, 40,000.

Activities: The Association works to improve standards and services in probation and parole, juvenile detention, and juvenile and domestic relations courts; studies and assists programs for prevention of delinquency; conducts surveys; carries on campaigns for legislation and improved administration; and conducts annual conferences. It publishes reports on surveys and model laws, a study manual and a directory of probation and parole officers, and issues special pamphlets, including a statement of standards for the selection of probation and parole officers.

Periodicals: NPPA Journal, quarterly, \$5.00 a year, single copy, \$1.25; NPPA News, bimonthly, \$1.50 a year, single copy, 35 cents.

National Publicity Council for Health and Welfare Services, Inc. (1921); 257 Fourth Ave., New York 10; Harold N. Weiner, Executive Director.

Membership: Organizations, 1,800.

Purpose and Activities: To stimulate and develop better interpretation of social and health problems and welfare work. The Council serves as a clearinghouse for information and ideas on publicity and public relations for governmental and voluntary social, health, and civic agencies; publishes a newsletter, Channels, and special bulletins on interpretation; and maintains an information service on social work public relations and public health education projects and materials, a packet service of publicity materials, and a consultation and critical editorial service for service members.

Periodical: Channels, semimonthly, September through June, \$7.50 a year.

National Recreation Association, Inc. (1906); 8 West Eighth Street, New York 11; Joseph Prendergast, Executive Director; Grant Tittsworth, Chairman of the Board.

Membership: 1,750 agencies and 4,100 individuals are affiliated with the Association for service.

Purpose and Activities: To help Americans of all ages and interests to make the most of their

leisure time. National Recreation Association field workers give on-the-spot service to communities to help them set aside park areas, develop facilities, plan for the recreation needs of the future, recruit and train skilled recreation leadership—both professional and volunteer—and plan programs for all ages. Armed Forces bases overseas and in the states are also helped to provide recreation opportunities for service men and their families stationed on base. The Consulting Service on Recreation for the Ill and Handicapped gives consultation, training, and on-the-spot help in setting up and maintaining recreation programs in hospitals, nursing homes, centers, and camps. The Association's correspondence service answers individual inquiries on all phases of recreation. Its Book Center makes books on the latest in recreation easily available. The Association sponsors annual district and national conferences which enable recreation leaders to get together to exchange ideas. It acts as a clearinghouse for information on recreation problems, answers inquiries, conducts studies, publishes literature, and cooperates with state and federal agencies and national organizations in the public and private recreation field.

Periodical: Recreation, published monthly except during July and August, \$4.00 a year.

National Rehabilitation Association, Inc. (1925); Room 805, 1025 Vermont Ave., N.W., Washington 5, D.C.; E. B. Whitten, Executive Director.

Membership: Individuals, 16,000; organizations, 200.

Activities: These consist of the promotion in all practical ways of a complete program for the rehabilitation of all physically and mentally handicapped persons, and the professional improvement of workers with handicapped persons.

Periodical: Journal of Rehabilitation, bimonthly, \$3.00 a year.

National Rehabilitation Commission, American Legion, Inc. (1919); 1608 K St., N.W., Washington 6, D.C.; T. O. Kraabel, Director.

Purpose and Activities: To act as the agent of veterans and dependents of veterans of either World War I or II and the Korean conflict in dealing with federal, state, and local agencies handling rehabilitation, dependency, and physical care programs of veterans. The Veterans Administration has recognized the American Legion as an authorized agency to represent veterans and their dependents in handling claims for

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federal benefits. A paid staff of 69 trained specialists (40 at Washington office and 29 at Veterans Administration district offices) supported by a force of stenographic and clerical workers coordinates the national activities with the work of hundreds of paid and volunteer workers in every state.

National Safety Council (1913); 425 North Michigan Ave., Chicago 11; G. C. Stewart, Executive Vice President.

Membership: Industries, transportation and insurance companies, schools, labor and trade associations, chambers of commerce and other civic organizations, individuals, and departments of city, state, and national government throughout the United States, Canada, and many other countries, 9,500.

Purpose and Activities: To reduce the number and severity of all kinds of accidents—at home, on the farm, at work, in the schools, and on the streets and highways. The Council serves chiefly as a national and international clearinghouse to gather and distribute information about causes of accidents and ways to prevent them. Through its headquarters, district offices, and affiliated state and local units, it carries on a continuous and unified program of accident prevention.

Periodicals: Home Safety Review; Industrial Supervisor; National Safety News; Traffic Safety; Safe Driver; Safe Worker; Safety Education; Farm Safety Review, and others.

National Scholarship Service and Fund for Negro Students (1947); 6 East 82nd St., New York 28; Richard L. Plaut, President.

Purpose and Activities: To increase the opportunities of Negroes for higher education in interracial colleges. The program provides orientation and advice to the Negro student on choosing and gaining admission to the college of his choice, bringing together the qualified Negro student and the appropriate available scholarship through the following means: the accumulation and classification of data from colleges, foundations, industries, and other sources concerning available scholarships; wide dissemination of information about the agency's services to Negro secondary school students; study and evaluation of the individual applicant's scholarship needs and qualifications; and advice to the qualified student about a few selected and available admission opportunities and scholarships which fit his particular needs and qualifications. The agency attempts on a limited scale to obtain admission and scholarship assistance in Northern preparatory schools

for some of the large numbers of Negro students who would otherwise reach their senior year in high school with inadequate preparation for college. A supplementary Scholarship Fund has been established to meet the need for a fund to supplement the many college scholarships awarded in an amount insufficient to meet the student's total needs. The agency also sponsors Community Talent Search, a project to assist communities throughout the U.S. to establish their own programs of early identification and educational stimulation of potentially able students from economically and culturally deprived groups. The agency, organized by 7 college presidents, now numbers 185 college presidents on its advisory board.

Publications: Opportunity News in Inter-Racial Colleges, bimonthly, free; Do You Want to Go to College? (pamphlet), free; Annual Report, free; Blueprint for Talent Searching, 1957, 50 cents.

National Service Board for Religious Objectors (1940); 401 3rd St., N.W., Washington 1, D.C.; J. Harold Sherk, Executive Secretary.

Membership: Organizations, 47 church and national.

Activities: The Board informs churches of legislation or action by governmental bodies affecting persons who for reasons of conscience cannot participate in war and answers individual inquiries regarding the rights and procedures for such persons.

Periodical: The Reporter for Conscience' Sake, monthly, \$1.00 a year.

National Social Welfare Assembly, Inc. (1945); 345 East 46th St., New York 17; Robert E. Bondy, Director.

Membership: Individuals, 133 (nominated by 55 affiliate national voluntary organizations, 14 federal agencies, and 4 associate groups) and 88 members-at-large (elected).

Purpose and Functions: The National Social Welfare Assembly believes that social welfare means the well-being of all people. All parts of social welfare are interrelated. The Assembly's purpose is to further these concepts through a threefold partnership of government and voluntary, national and local, lay and professional interests. As the national planning body for social welfare, The Assembly undertakes to study and define problems of broad social policy affecting the needs of people and to plan action for meeting

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these needs; serves national organizations and local communities in developing effective program, operation, and administration in the field of social welfare by providing guidance and materials on principles, standards, and procedures; keeps social welfare agencies and the field informed on major social issues; furthers agreement and understanding among government and voluntary agencies and national and local interests in human welfare; and acts in behalf of social welfare on national and international issues where representation of its interests is desired.

Activities: Coordination and planning of recreation and youth services, services for family and child welfare, services for older people, and health services; coordination of recruitment activities; achieving better organization and support of social welfare; facilitating communication and cooperation between national and local social welfare planning; relating social welfare to U.S. foreign policy; conducting forums, workshops, seminars, and consultations on timely subjects, e.g., Youth in Community Affairs, Integration, Preparation of Social Workers for Work with the Aging; achieving better understanding of social welfare needs and services through publications and improved use of mass media. Activities are carried on through conferences, committees, and associate groups, including: Conference on Individualized Services; Education-Recreation Conference; Young Adult Council; Committees on Social Issues and Policies, Youth Services, Aging, Personnel, International Social Welfare, Quota and Support, National Agency Financing, Intergroup Relations, Camping, Public Service Broadcasting, and Comics; and makes provision for dealing with special problems as they arise, e.g., unemployment, confidentiality, aid to dependent children. It sponsors jointly with United Community Funds and Councils of America the National Budget and Quota Committees, Committee on Field Service, and Great Lakes Institute and Adirondack Workshop. It sponsors jointly with the National Association of Housing and Redevelopment Officials a Committee on Housing and Welfare. Associate Groups include Council on Social Work Education, National Council on Agricultural Life and Labor, National Health Council, and U.S. Committee of the International Conference of Social Work. It conducts the International Exchange Project under contract with the U.S. Department of State, and participates in the World Assembly of Youth through the Young Adult Council.

The National Committee on the Aging has become an increasingly significant unit in The Assembly with the growing recognition of the needs of older people. The Committee serves as a central national resource for planning, informa-

tion, consultation, and materials; maintains a special library serving the country through correspondence and loan folders; has a staff of consultants in community services, health, employment, and retirement; holds national and regional meetings and institutes; carries on special projects in the fields of institutional care, utilization of older scientific and professional workers, standards for center and club programs for older people, problems of dependency and guardianship; produces films and technical literature in special areas such as institutional care, preparation for retirement; and consults with community and national organizations as staff resources permit.

Periodicals: The Assembly Letter, 8 issues yearly; Progress Report of The National Committee on the Aging, bimonthly.

National Society for Crippled Children and Adults, Inc. (1921); 2023 West Ogden Ave., Chicago 12; Dean W. Roberts, M.D., Executive Director.

Membership: State member societies in all states and in the District of Columbia and Puerto Rico.

Purpose and Activities: To carry out the following three-point program: education of the public, professional workers, and parents; research to provide increased knowledge of the causes of handicapping conditions and their prevention and of improved methods of care, education, and treatment; and direct services for crippled children and adults in the fields of health, welfare, education, recreation, rehabilitation, and employment; and to charter and develop state and territorial societies to implement the above program at the state and local levels. The Society maintains a headquarters staff of professional consultants in the field of service to the crippled and a national personnel registry and employment service, maintains a library and film-lending service, and issues periodical literature and other bulletins.

Periodicals: Rehabilitation Literature, monthly \$4.50 in U.S., \$5.00, foreign; Easter Seal Bulletin, monthly, free.

National Society for Medical Research (1946); 920 South Michigan Blvd., Chicago 5; Ralph A. Rohweder, Executive Secretary.

Membership: 1,950 individuals.

Purpose and Activities: Publication of literature, production of films, publicity, and other devices to advance public understanding of medical science. The need for such public education on the principles, methods, and needs of medical re-

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search had become apparent because of the antivivisection, anti-vaccination, and other such movements.

Periodical: Bulletin for Medical Research, bi-monthly, \$2.00 a year.

National Society for the Prevention of Blindness, Inc. (1908); 1790 Broadway, New York 19; Dr. John W. Ferree, Executive Director.

Membership: Individuals, 50,000.

Purpose and Activities: To study causes of blindness or impaired vision, to advocate measures leading to the elimination of such causes, to serve as a clearinghouse and stimulating agent for professional groups directly or indirectly responsible for saving sight, and to disseminate to the public information about eye care and protection. The Society assists health, welfare, education, safety, and other related agencies, governmental or voluntary, to incorporate appropriate conservation of vision activities into their major programs; collaborates in eye health training of teachers, nurses, and social workers; initiates or cooperates in demonstration projects; and stimulates and supports laboratory and clinical research in eye diseases and defects. Institutes, courses, meetings, consultation service, publications, exhibits, films, the radio, and press are utilized for public and professional education.

Periodicals: Sight-Saving Review, quarterly, \$2.50 a year; Prevention of Blindness News, free.

National Society for the Study of Education, Inc. (1895); 5835 Kimbark Ave., Chicago 37; Herman G. Richey, Secretary-Treasurer.

Membership: Individuals, 4,000.

Purpose and Activities: To promote the investigation and discussion of educational questions. The Society holds annual meetings in February at the same time as the American Association of School Administrators. It has published yearbooks on Health and Education, The City School as a Community Center, Vocational Guidance and Vocational Education for Industries, Pre-school and Parent Education, Educational Guidance, Adolescence, Early Childhood Education, Juvenile Delinquency, The Education of Exceptional Children, Education in Rural Communities, The Community School, Mental Health in Modern Education, and other similar topics of interest to social workers.

Periodical: Yearbook, annually.

National Travelers Aid Association, Inc. (1917); 72 West 45th St., New York 36; Mrs. Savilla Millis Simons, General Director.

Membership: Travelers Aid Societies, 101 covering 1,017 cities; cooperating representatives, 944 covering 1,930 cities.

Purpose and Activities: To unify, coordinate, and set standards for the work of Travelers Aid Societies and cooperating representatives and to serve as a national spokesman on behalf of moving people in need of assistance such as travelers, migratory workers, newcomers, immigrants, runaways, nonresidents, etc. The Association's program is conducted through field service, establishment and staffing of national committees, central research and statistical operations, public relations service, casework program consultation, development and distribution of manuals and directories, issuance of informational bulletins, testimony at hearings, participation in national planning bodies, maintenance of personnel registry, organization of regional and national institutes and conferences, appointment and coordination of cooperating representatives, publication of literature for professional development, and public interpretation. National conventions are held in the even-numbered years, regional meeting in the odd-numbered years.

Periodical: Shifting Scenes, monthly, except July and August, \$1.00 a year.

National Tuberculosis Association, Inc. (1904); 1790 Broadway, New York 19; Dr. James E. Perkins, Managing Director.

Membership: Individuals, 5,718.

Purpose and Activities: To study tuberculosis and other respiratory diseases; to disseminate information and stimulate the programs of its 2,900 affiliated state, territorial, and local associations for the prevention, treatment, and control of tuberculosis and related problems. The central office maintains a medical and social research program through grants and research fellowships, and supports professional education through medical teaching fellowships, special courses, and fellowships in the various disciplines employed in the control and treatment of tuberculosis. All types of educational materials are prepared for use by affiliated associations. A specialized staff provides consultation to affiliated associations on case finding, rehabilitation, education, social research, public relations, organization, administration, and the Christmas Seal Sale.

Periodicals: American Review of Tuberculosis and Pulmonary Diseases, monthly, \$15 a year.

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Available through tuberculosis associations: Bulletin, monthly except August, and Abstracts on Tuberculosis and Other Respiratory Diseases, monthly, both distributed through the affiliated associations.

National Urban League, Inc. (1910); 14 East 48th St., New York 17; Lester B. Granger, Executive Director.

Membership: Individuals, 50,000; organizations, 63.

Purpose and Activities: An interracial educational service agency that follows social work standards and practices in improving living and working conditions of America's urban Negro population by widening job opportunities for qualified Negro workers, encouraging and guiding young people in rewarding careers, improving neighborhood and housing conditions as a support for family life, and recruiting aware leadership of both races to protect the common stake in community problems. Surveys are made of community conditions affecting Negro welfare, under sponsorship of local Urban Leagues and/or councils of social agencies. Consultative services are afforded local authorities on relieving racial tensions and improving welfare services to Negroes. Reports of regular and special activities are published in pamphlet form.

Navy Relief Society, Inc. (1904); Department of the Navy, Washington 25, D.C.; Vice Admiral V. R. Murphy, USN, Ret., Executive Vice President.

Purpose and Activities: To collect and hold funds and to use the same for aid in times of need of the officers and enlisted men of the naval service of the United States (which term includes the regular Navy and Marine Corps of the United States, the reserve components thereof when on active duty, and the United States Coast Guard when serving as part of the United States Navy in time of war), and also of dependents of such officers and enlisted men, and to provide relief and assistance to the dependents of deceased officers and men of the naval service. Financial assistance may be given in the form of a loan without interest, an outright gift, or a combination of both. Assistance is also provided through various services which involve no expenditure of funds. The work of the Society is carried out by the headquarters office and by auxiliaries of the Society which have been established at all the principal naval stations in the United States and overseas. Branches of these auxiliaries are in operation at some of the smaller stations.

Near East Foundation (1930); 54 East 64th St., New York; Dr. John S. Badeau, President.

Purpose and Activities: Conducts programs of rural development in backward countries by training nationals in improved agricultural practices, animal husbandry, home welfare techniques, rural sanitation, setting up agricultural and co-operative credit programs, conducting village literacy classes. Works only at the invitation and with cooperation of the host government. Current projects are in Jordan, Iran, Ghana, and Korea.

Needlework Guild of America, Inc. (1885); 124 South Twelfth Street, Philadelphia 7; Alma H. Desborough, Executive Secretary.

Membership: Individuals, 500,000; branches, 425 in 37 states.

Purpose and Activities: To collect new garments annually and distribute them to hospitals, homes, and other charities; and to extend the Guild's usefulness by the organization of branches. The Guild cooperates with the American National Red Cross in disaster relief. It is affiliated with the General Federation of Women's Clubs and is a member of the National Conference on Social Welfare.

North American Association of Alcoholism Programs (formerly National States' Conference on Alcoholism) (1950); c/o Division of Alcoholic Rehabilitation, State Department of Public Health, 2151 Berkeley Way, Berkeley 4, California; John R. Philp, M.D., Secretary-Treasurer; H. David Archibald, Alcoholism Research Foundation of Ontario, Toronto, Canada, President.

Membership: Organizations, 36 state and 5 Canadian provinces. Membership is limited to state and provincial governmental agencies on alcoholism. Associate membership: government supported and/or sponsored agencies other than those defined as members.

Purpose and Activities: The Association provides a medium for the exchange of ideas and information regarding organization, policies, and methods relating to state, provincial, territorial, and the District of Columbia programs of alcohol; seeks to establish standards for the classification of problem drinkers and for the evaluation of therapeutic procedures in order to compare and appraise program results in the various jurisdictions; seeks to establish standards for educational, clinical, and related services for the guidance of states, provinces, territories, and the District of

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Columbia now entering the field of alcoholism and for the self-evaluation of such jurisdictions already administering such programs; encourages and cooperates with national, voluntary and official agencies and with institutions engaged in research and other activities concerning alcoholism; and seeks to stimulate interest in the problems of alcohol and alcoholism and to motivate appropriate action on the part of all professional disciplines that may, in the course of their work, serve the alcoholic patient and his family or contribute new knowledge related to a better understanding of these problems and their management.

Nutrition Clinics, Inc. (1919); 308 Commonwealth Ave., Boston 15; Mabel Skilton, Executive Secretary.

Activities: These include the organization of a physical fitness service for younger children and those of school and college age chiefly to correct malnutrition, and for adults to correct physical unfitness; cooperation with all child-helping agencies and boards of health and education; institutes for the special training of nutrition and physical fitness workers; and publication and distribution at cost of forms for carrying on the work and reprints of articles on health. The work is national in scope.

Osborne Association, Inc. (1932); 114 East 30th St., New York 16; Austin H. McCormick, Executive Director; Kenyon J. Scudder, Director of Field Services; Robert R. Hannum, Director of Vocational Placement.

Membership: Individuals, 500.

Purpose and Activities: To study present methods of dealing with juvenile and adult offenders, from arrest to final release from institutions or from parole; to collect the facts about American penal and correctional institutions, and to put the facts so gathered before the public; to suggest better and more effective methods of dealing with crime and the offender; to promote the development of correctional institutions and agencies with adequate and well-trained staffs and well-rounded programs for the individualized training and treatment of the offender; and to aid released prisoners in their problems of readjustment, by helping them to secure employment and giving such other assistance as they may require. The Association conducts surveys of both juvenile and adult institutions on a nationwide basis, and renders consultative services gratis to federal, state, and local correctional departments, agencies, and institutions.

Pathfinders of America, Inc. (1914); 335 Bulkley Bldg., Cleveland 15; A. L. Bittikofer, Director.

Membership: Individuals, 325,000 students and 1,500 adults in the United States, and a few small groups in 2 foreign countries.

Activities: The organization promotes and carries on a moral training program in human engineering in public, private, and parochial schools. Since 1945, 3 selected and trained teachers have been employed by the Cleveland Board of Education to carry on the Pathfinder program of character education in 32 different schools, reaching 11,000 pupils each year; also 2,500 home councils have been set up, where pupils discuss life problems with their parents. The activities are nonsectarian. Publications include a course of lessons dealing with life problems and discussions, from the fifth grade through high school; also a published monograph of the program and its philosophy.

Phelps-Stokes Fund, Inc. (1911); 101 Park Ave., New York 17; Dr. Frederick D. Patterson, President.

Activities: The Fund has devoted its major attention to Negro education and race relations in the United States and Africa, and the improvement of New York City housing conditions. American Indian education and community development also are among the Fund's interests. Recently, the Fund has helped to establish the Robert R. Moton Memorial Foundation as a conference center at Capahosic, Va., as a means to improve communication between white and Negro leaders on a variety of social issues.

Physicians Forum, Inc. (1939); 510 Madison Ave., New York 22; Allen M. Butler, M.D., Chairman.

Membership: Individuals, 1,500. Membership is limited to physicians who are members of their county medical societies, the National Medical Association or the American Public Health Association.

Activities: The Physicians Forum is a national organization active in studying methods for the improvement and better distribution of medical care through the agency of meetings, a bulletin, and occasional pamphlets. It sponsors measures to advance the professional welfare of physicians and to guarantee their right of freedom of inquiry, research, and expression. It conducts an annual essay contest for medical students in the U.S.A. and Canada with cash awards for the

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best essays on "The Social Responsibility of the Physician." It promotes the education of physicians in the field of the social and economic aspects of medicine, and cooperates with consumer groups in studying and promoting better methods of medical care.

Planned Parenthood Federation of America, Inc. (1922); 501 Madison Ave., New York 22; Dr. William Vogt, National Director.

Membership: 100 Affiliates.

Purposes and Activities: To provide leadership for universal acceptance of family planning as an essential element of responsible family life through education, service, and research. The four-point program includes child spacing and family planning; diagnosis and treatment of infertility; education for marriage and parenthood; and research in the field of human reproduction, through expediting, coordinating, and promoting scientific studies in fertility and sterility. The Federation seeks the inclusion of child spacing in hospitals, public health, and industrial health services. It carries on a program of interpretation to the public and to professional workers concerned with health and welfare, including physicians, nurses, social workers, and clergymen. It provides consultant services to Affiliates on problems of organization, education, clinic administration, and the integration of planned parenthood into community health and welfare programs. It acts in an advisory capacity on conception control to representatives of other countries by making available its experiences, sample literature, and training in United States clinics for clinic personnel. The Federation cooperates with other organizations in promoting international programs of family planning, as a means of promoting the cause of human welfare and peace.

Periodical: Planned Parenthood News, published 3 times a year.

Play Schools Association, Inc. (1917); 41 West 57th St., New York 19; Mrs. Adele S. Mossler, Director.

Activities: The Association has developed a plan within the fields of education, health, and social work to meet the needs of school-age children in their out-of-school hours—after school in winter and all day in summer. The play school offers a work-play program under trained leadership, using selected play equipment and materials. Children of all races and creeds are assigned to small groups and attend regularly.

Play schools are located in public schools, housing developments, community centers, and settlements. The program has been adapted for day camps, child care centers, institutions, hospitals, and migrant camps. Through individual and group discussions, leaders and parents are helped to further their understanding of children. When possible, social workers are used as counselors. In New York City some laboratory centers are operated directly by the Association in partnership with the Bureau of Community Education of the Board of Education. The Association acts as a coordinator cooperating with public and voluntary agencies, and gives consultation service on group care of school-age children during their out-of-school hours. Printed material, three 16 mm. sound films (two in color), and field service extend the work throughout the country.

Presbyterian Church in the United States, Board of Christian Education, Division of Christian Action; 8 North Sixth St., Richmond 9, Va.; Malcolm P. Calhoun, Secretary.

Purpose and Activities: To give guidance and information to the churches as they seek to apply the Christian ethic in social relationships.

Periodical: The division contributes material to Presbyterian Action and Presbyterian Survey, Box 1176, Richmond 9, Virginia.

Protestant Episcopal Church, National Council, Department of Christian Social Relations (1919); 281 Fourth Ave., New York 10; Rev. Dr. Almon R. Pepper, Director.

Membership: Provincial departments, 8; diocesan departments, 90.

Purpose and Activities: To stimulate and coordinate social education and action and community welfare programs of the parishes, dioceses, and provinces of the Episcopal Church; to provide advisory and consultative service to Episcopal social work agencies (child care, services for aged, city mission and chaplaincy service, hospitals, convalescent homes, and settlements); to study and promote the work of the Episcopal Church in urban industrial areas; and to represent the cooperative interests of the Episcopal Church to other national welfare agencies. The Department acts as executive for the Presiding Bishop's Fund for World Relief and represents the interests of the Episcopal Church in fields of overseas relief and resettlement of refugees. The Department includes the Division of Health and Welfare Services, the Division of Christian Citizenship, and the Division of Urban Industrial Church Work.

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Public Administration Service, Inc. (1933); 1313 East 60th St., Chicago 37; H. G. Pope, Executive Director.

Activities: Concerned directly or indirectly with the improvement of governmental operations. PAS field services division provides a full range of consulting services to governments—local, state, and national, both within the United States and abroad. Its publications division develops, publishes, and distributes a wide variety of publications for public officials and to teachers and students of public administration. Its central services division operates the building where PAS and associated organizations have their headquarters, and manages certain services to the organizations. Also, PAS cooperates informally with a large variety of public jurisdictions, officials and their organizations, universities, civic agencies, foundations, and others concerned with the improvement of government. Its governing board is comprised principally of the executive directors of national organizations of public agencies and officials.

Public Affairs Committee, Inc. (1936); 22 East 38th St., New York 16; Maxwell S. Stewart, Secretary and Editor.

Purpose: To make available in summary and inexpensive form the results of research on social and economic problems to aid in the understanding and development of American policy. The sole purpose of the Committee is educational. It has no economic or social program of its own to promote, and will at no time disseminate controversial or partisan propaganda or otherwise attempt to influence legislation.

Publication: Public Affairs Pamphlets, 15 to 16 issues a year, 25 cents a copy, \$3.00 for 15 issues.

Public Personnel Association, formerly Civil Service Assembly of the United States and Canada, Inc. (1906); 1313 East 60th St., Chicago 37; Kenneth O. Warner, Director.

Membership: Individuals, 1,325 members (persons engaged in public personnel work) and 450 affiliated members (open to the public); organizations, 525 public personnel agencies.

Purpose and Activities: To promote scientific research and administration in the public personnel field, to encourage the collection and distribution of information as to methods used, to formulate the fundamental principles of public personnel administration, and to promote the coordination of personnel research activities and furnish a forum for the interchange of thought

and information. The organization serves as a clearinghouse for information on all phases of public personnel administration; provides consulting service on public personnel practices for civil service commissions, public officials, and civic groups interested in the merit system; furnishes technical advice in installing or improving personnel systems; assists in the preparation of civil service laws, ordinances, rules, and regulations; conducts and encourages research in all phases of personnel administration; and holds an annual meeting and annual regional conferences.

Periodicals: Personnel News, monthly, \$6.50 a year; Public Personnel Review, quarterly, \$6.50 a year; Personnel Man, monthly (available to members only).

Reformed Church in America, the General Synod's Christian Action Commission (1900); Rev. Bert Van Soest, 311 East Park, Morrison, Ill., Chairman; George A. Breur, 700 Alps Road, Wayne, N.J., Secretary-Treasurer.

Purpose and Activities: To consider national social issues and to keep the churches informed concerning the same. Specific recommendations are made to the General Synod of the Reformed Church in America. Members of the Committee are appointed by the General Synod from all areas of its constituency for a 3-year period.

Religion and Labor Council of America (Religion and Labor Foundation, Inc.); 3498 N. High St., Columbus 14, O.; Dr. Clair M. Cook, Executive Director.

Membership: Individual and group. Also charters local Religion and Labor Councils.

Purpose and Activities: To conduct a program of inter-group education between organized religions of all faiths and the various organizations of labor; to encourage studies aimed at exploring and developing the areas of common social concern and to promote mutual understanding; to issue a regular publication devoted to religion-labor cooperation; to establish fellowship groups for regular meetings of individuals from the fields of religion and labor in various localities; to further the study and understanding of labor and economic questions within theological training schools; to make ethical principles relevant to our entire industrial life; to hold conferences, conduct special studies and research, publish findings, and in other suitable ways bring religious and labor leaders into closer understanding and mutual harmony. Also makes annual presentation of a Social Justice Award.

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Periodical: Religion and Labor, monthly, September through June, \$2.00 a year.

Rockefeller Brothers Fund, Inc. (1940); 30 Rockefeller Plaza, New York 20; Dana S. Creel, Director.

Activities: Grants to other organizations and in some instances direct operation of experimental or new undertakings. In the Greater New York area, the Fund contributes to such community needs as civic improvement, cultural advancement, education, health, religion, and welfare. As a general rule its contributions are to agencies whose activities are citywide since it cannot, because of the number involved, contribute to individual hospitals, churches, community centers, and schools. The same principle is followed in the State of New York, where it contributes to agencies whose services are statewide. Outside of New York State its grants are directed to selected organizations with programs of general import. For the most part these organizations are national or international in scope.

Rockefeller Foundation, The (1913); 49 West 49th St., New York 20; Dean Rusk, President.

Purpose and Activities: To promote the well-being of mankind throughout the world. The Foundation's program is concerned with the advancement of knowledge and the effective application of knowledge to human interests within certain specific fields in the medical and natural sciences, the agricultural sciences, the social sciences, and the humanities. Except to a limited extent in virology and agriculture, it is not an operating agency. Its activities are concerned chiefly with the support of projects of other agencies and the training, through postdoctoral fellowships, of competent personnel in various fields of knowledge.

Rural Youth of the United States of America, Inc. (1946); 224 Fifth St., Marietta, Ohio; E. L. Kirkpatrick, Secretary to Executive Committee.

Activities: A conference is planned and carried on annually by rural young people. Delegates to one year's conference elect officers and plan the next. At least six national, 25 state, and 100 local groups usually are represented at the conference. It is a convention where ideas, problems, experiences, and achievements are talked over and skills in working together are practiced. Stimulation and encouragement are given to cooperative planning among local, state, and national rural youth or youth-serving groups. Prior to 1946 it

functioned as the Youth Section of the American Country Life Association.

Sage—Russell Sage Foundation, Inc. (1907); 505 Park Ave., New York 22; Donald Young, President.

Purpose and Activities: To promote the improvement of social and living conditions in the United States of America. Present emphasis in the Foundation's program is on the improvement of the relationship between research and practice in the social fields, including social work, the health services, and other professions. Staff is maintained for research and consultation. The income from the endowment is now being used mainly for activities directly under Foundation auspices. Grants are not made to relieve directly either individual or family needs, nor for the building or maintenance of schools, churches, hospitals, or other institutions. The Foundation publishes the results of its investigations.

Salvation Army, The (founded in 1865 in England, and in 1880 in the United States); 120 West 14th St., New York 11; Commissioner Norman S. Marshall, National Commander.

Activities: The Army is a religious and social welfare organization operating in 86 countries and territories of the world, and preaching the gospel of Christ in 120 languages. A worldwide network of 19,149 corps and social institutions ministers to the spiritual and physical needs of humanity through 26,887 trained officers. The Army has 4 geographical units in the United States, with headquarters in Atlanta, Chicago, New York, and San Francisco. Activities include summer camps, boys' clubs, children's homes, Christmas dinners, employment service, family welfare, hotels, men's social service centers, missing persons bureaus, settlements and day nurseries, open-air and indoor religious services, prison work, transient and emergency relief, visitation, women's homes and hospitals, women's residences, and others. Expansion of services in rural areas and small communities is accomplished through organized service units of local resident volunteers.

Periodical: The War Cry, weekly, 10 cents a copy.

Save the Children Federation, Inc. (1932); 345 East 46th Street, New York 17; Dr. Richard Prescott Saunders, President.

Purpose and Activities: The Federation seeks increasingly to eliminate the causes of poverty

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among children in the United States and overseas, while maintaining its efforts to ameliorate the results of poverty in those areas where need continues. The programs of the Federation consist of sponsorships of children, schools, and babies; distribution of donated used clothing; distribution of layettes; and community participation "self-help" child welfare projects. The Federation is a member of the International Union for Child Welfare. It is a nonpolitical, nonsectarian organization serving children without regard to race, creed, or color. In the United States it operates school support programs and child welfare projects in the isolated southern Appalachian mountain area. There are also school and child sponsorships among American Indians in the Southwest. Overseas, the Federation operates sponsorship programs for children, babies and/or schools in Austria, Finland, France, West Germany (refugees only), Greece, Italy, Yugoslavia, Lebanon, Korea, and Israel. An active program of Village Self-help Projects seeks to increase benefits and standards of living for children in Afghanistan, Egypt, Finland, Ghana, Greece, India, Italy, Korea, Lebanon, Libya, Morocco and Thailand. The Federation also maintains a donated clothing program, most of the clothing being sold at very low prices to families of small incomes in the southern Appalachian mountain area. A lesser quantity is distributed free of charge through local welfare workers or sent overseas to meet emergency disaster needs.

Periodical: SCF World Reporter, free.

Seeing Eye, Inc. (1929); Morristown, N.J.; George Werntz, Jr., Executive Vice President.

Membership and Graduates: Individual members, 15,000. Living graduates, 1,200.

Purpose: A national philanthropy supported by the public, to provide mobility to blind persons through the use of dog guides; to obtain dogs for such purpose by purchase, gift, or breeding; to train such dogs as guides for blind people; to teach instructors in the science and technique of educating dogs as guides and teaching blind people in the proper use and handling of dog guides. Limited number of grants made for research by established institutions and foundations in rehabilitation of blind persons and in prevention of blindness under terms of security fund trust indenture.

Periodical: The Seeing Eye Guide, quarterly, free.

Senior Citizens of America, Inc. (1954); 1129 Vermont Ave., N.W., Washington 5, D.C.; Dr. Joy Elmer Morgan, President.

Membership: Individuals, 5,000.

Purpose and Activities: A nonprofit, educational, philanthropic, scientific organization incorporated under the laws of the District of Columbia. It has members in every state and in many other countries; serves as a clearinghouse for all that concerns the second half of life, publishes *Senior Citizen*, a quality magazine for mature citizens of discriminating tastes; gives a voice to those who wish to make use of talent now going to waste through premature, forced retirement; answers inquiries from persons faced with the problem of retirement; keeps newspapers, magazines, and leaders in public life informed as to the problems of our more mature citizens; conducts research into problems which concern persons in midlife and beyond; owns and publishes *The American Citizens Handbook* and over 100 titles of Personal Growth Leaflets widely used around the world.

Periodical: Senior Citizen, monthly, \$5.00 a year, free to members.

Shut-In Society, The, Inc. (1877); 11 West 42nd St., New York 36.

Membership: Individuals, 4,500 including several in Canada, England and other countries. Membership is open to the handicapped and anyone interested in helping the handicapped.

Purpose and Activities: To give cheer and comfort to chronic invalids, cripples, and the blind who are members of the Society. Correspondents are supplied who act as friendly advisers. One of the state branches maintains an exchange in which the handiwork of members is sold. Wheel chairs are provided at a low rental to members.

Periodical: The Open Window, monthly, \$2.00 a year to non-members.

Social Legislation Information Service, Inc. (1944); 1346 Connecticut Ave., N.W., Washington 6, D.C.; Theodor Schuchat, Executive Director.

Membership: Individuals elected from national, state, and local organizations which subscribe to Social Legislation Information Service.

Purpose: To report impartially on federal social legislation and the activities of federal agencies

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affecting family life, children, and community services in the areas of health, education, welfare, employment, housing, and recreation. The Service takes no position for or against the legislation on which it reports.

Periodicals: Social Legislation Information Service Bulletin, weekly while Congress is in session, semi-monthly during adjournment, \$18 a year; *Federal Agencies Financing Research*, revised annually, \$1.00; *What's New and Different in the Health, Education, and Welfare Department's Programs and Budget for the Year Ahead?*, revised annually, \$2.00; Tax-Manual for Non-Profit Organizations, a loose-leaf reference and reporting service, initial annual subscription, \$25, annually thereafter, \$15.

Social Science Research Council, Inc. (1923); 230 Park Ave., New York 17; Pendleton Her-ring, President.

Purpose and Activities: To advance research in the social sciences. To this end the Council is concerned with improving the recruitment, training, and efficient utilization of research personnel and supports programs of research training fellowships, faculty research fellowships, and grants-in-aid of research projects of individual scholars. Activities focused upon the planning of research, including stimulation and guidance of research, constitute the major part of the Council's endeavor. Fields or problems are selected for planning programs primarily on the basis of the opportunities presented for improving methods of research and extending the frontiers of knowledge, and for the promise of social utility of eventual research. The results of planning projects are normally made available to research workers by publication as Council bulletins. Other efforts to raise the level of research achievement in the social sciences include the provision of whatever advisory, coordinating, or other liaison services may be needed by individual social scientists or research organizations. The Council's board of directors consists of 21 individuals representing 7 national organizations, and 9 directors-at-large.

Periodical: Social Science Research Council Items, quarterly.

Social Work Vocational Bureau (1940); 206 East 30th Street, New York 16; Margaret B. Hodges, Executive Secretary.

Membership: Individuals, 3,014 social workers; organizations, 544 social agencies.

Purpose and Activities: To help serve the vocational and personnel needs of the social work

field. The Bureau is a national nonprofit membership organization of social workers and social agencies, which compiles and makes available to prospective employers professional records of its individual members. Through its monthly bulletin, individual members are informed of social work jobs available throughout the country. The Bureau is working to promote the expansion of public employment service to the social work field.

Periodical: Jobs in Social Work, monthly except August, free. Available to members only.

Society for the Psychological Study of Social Issues (1936); Institute for Social Research, University of Michigan, Ann Arbor; Mrs. Dorothy S. Jochem, Administrative Secretary.

Membership: Individuals, 1,000. Membership is generally comprised of social psychologists, social scientists, and practitioners.

Purpose and Activities: To encourage scientific research in problems and issues of social importance, to make available research findings to the nontechnical public, and to encourage the application of scientific findings to social problems. Readings in Social Psychology, compiled by the Society's Editorial Committee and representative of all fields of social psychology, was published in 1947, with revised editions in 1952 and 1958. Research Methods in Social Relations was published in 1951 with a revised edition in 1959. Industrial Conflict and Readings in Public Opinion and Propaganda were published in 1954.

Periodical: Journal of Social Issues, quarterly, \$4.00 a year.

Society of Public Health Educators, Inc. (1952); 12th Floor, 1790 Broadway, New York 19; Charlotte Leach, Secretary.

Membership: Individuals, 344.

Purpose and Activities: To promote, encourage, and contribute to the advancement of the health of all people by encouraging study, improving practice, and elevating standards in the field of public health education. Through the appointment of committees, the Society has endeavored to draw attention to the problems involved in recruiting, training, and providing field experience for health educators. Attention is also being given to research needs in the field of health education. Ways are being explored to improve communication among health educators. The Society has one meeting a year at which time problems concerning health educators form the basis

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for discussion. Committees report to the membership at the time of the annual meeting and future lines of action are determined based on these discussions.

Periodicals: Proceedings, annually; Newsletter, four times a year; monographs, one or more per year; all free to members.

Society of St. Vincent de Paul, Superior Council of the United States, Inc. (founded in 1833 in France, and in 1845 in the United States); 611 Olive St., St. Louis 1; Dudley L. Baker, Executive Secretary.

Membership: Conferences of the Society in the United States, 4,000, organized on parish lines with an active volunteer membership of 32,000 and an honorary membership of 8,000.

Purpose and Activities: To promote the spiritual welfare of the Society's members through their participation in personal and neighborly services. Such service also embraces the giving of available funds to aid poor, sick, and otherwise distressed fellow human beings; the visitation of families in order to assist them by friendly counsel and encouragement and to render financial aid for conserving their homes; and such other works of charity, material or spiritual, as may be helpful to those in need of such aid. It is an association of Catholic laymen. The Conferences of a particular city or town are under the supervision of a local council. Such councils may also offer professional family counseling, conduct facilities for the care of the aged, operate salvage bureaus, or relate in other ways to the social and welfare needs of a particular community. The Society at large in the United States is under the supervision of the Superior Council.

Society of State Directors of Health, Physical Education and Recreation (1926); c/o State Department of Education, Tallahassee, Fla.; Zolley Maynard, President.

Membership: Individuals, 141 active, associate, and past active state directors of health, physical education, and recreation on staffs of state departments of health and education.

Purpose: To promote sound programs of health, physical education, recreation, safety, and athletics throughout the United States; to cooperate with other professional organizations and agencies in furthering the development of such programs; to study problems in these areas; and to provide a basis for exchange of ideas and programs among its members.

Periodical: Newsletter, quarterly, free.

Southern Conference Educational Fund, Inc. (1938); 822 Perdido St., New Orleans 12; Dr. James A. Dombrowski, Director.

Purpose and Activities: To improve the educational and cultural standards of the people of the South in accordance with the highest American democratic institutions, traditions, and ideals. The Fund's major activities have centered in the field of race relations and in an effort to abolish racial discrimination, and segregation, especially in education and health services.

Periodical: The Southern Patriot, monthly, \$2.00 a year.

Southern Education Foundation, Inc. (1937); 811 Cypress St., N.E., Atlanta 8; J. Curtis Dixon, Vice President and Executive Director.

Purpose and Activities: To cooperate with public and private school officials and others in improving educational and living conditions, with special regard for the needs of the Negro race. This objective is promoted by grants of money, or through the cooperation of the officers of the Foundation with public officials and others, or in such other ways as may be determined by the board of directors. At present the chief activity is to aid the states in the support of some 500 supervisors of Negro rural schools, and in the development of a long-term regional program for training principals and supervisors for the new and larger Negro schools being developed throughout the area. The Foundation was formed by consolidation of the following: Peabody Education Fund, John F. Slater Fund, Anna T. Jeanes Foundation, and Virginia Randolph Fund.

Southern Regional Council, Inc. (1944); Room 432, 63 Auburn Ave., N.E., Atlanta 3; Harold C. Fleming, Executive Director.

Membership: No general membership.

Purpose and Activities: To work for the improvement of economic, civic, and racial conditions in the South; and to attain, through research and action programs, the ideals and practices of equal opportunity for all peoples in the region. The Council's functions are coordination of the activities of agencies working on Southern problems; research and survey; educational activities through a monthly paper, pamphlets, conferences, etc.; consultative services to voluntary or governmental agencies; and constructive social action on Southern problems.

Periodical: New South, monthly, \$2.00 a year.

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Twentieth Century Fund, Inc. (1919); 41 East 70th St., New York 21; August Heckscher, Director.

Purpose and Activities: To conduct research and public education in current economic problems and the social and political forces affecting them. The Fund is privately endowed and its entire income, administered as a public trust, is devoted to its own activities. The subjects of Fund studies are approved by its board of trustees and are primarily concerned with current economic problems of national and international significance. The trustees have recently decided to enlarge this central field of activity to include experimental studies of some of the political and social forces that affect our economic life. For each major investigation the Fund appoints a special research staff and for some studies an impartial committee of representative leaders who use the research findings as a basis for a program of action in the public interest. The Fund issues its reports in book form and, in addition, makes its findings widely available through press releases, magazine articles, a periodic newsletter, popular pamphlets, radio, television, and motion pictures.

Periodical: Newsletter and Clipsheet, three times a year, free.

Unitarian Fellowship for Social Justice (1908); 245 Second St., N.E., Washington 2, D.C.; Mrs. A. Powell Davies, President.

Membership: Individuals, 400; chapters, 25.

Purpose and Activities: To sustain one another in united action against social injustice and in the realization of religious ideals in present-day society. The Fellowship is an unofficial social action agency affiliated with the American Unitarian Association. Its present program is concentrated in the fields of civil rights, international relations, industrial relations, and separation of church and state. The Fellowship is represented at various local, state, and national legislative hearings and cooperates closely with various denominational, interdenominational, and secular social action organizations.

Periodical: Unitarian Action, issued 9 times a year.

Unitarian Service Committee, Inc. (1940); 9 Park St., Boston 8; Branch office, 345 E. 46th St., New York 17; Frank Z. Glick, Executive Director.

Purpose and Activities: Nonsectarian humanitarian service. The Committee is international in

scope. Its overseas work has been concentrated largely in specialized fields such as education, social work, and medical teaching teams and symposia. It maintains a welfare center for refugee families in France. Projects in the United States include the Navaho Indian Community Center, Gallup, N.M.; and the Columbia Heights Boys' Club, the first integrated boys' club in Washington, D.C.

Periodical: Venture, quarterly, free.

United Cerebral Palsy Associations, Inc. (1948); 321 West 44th St., New York 36; Samuel K. McConnell, Jr., Executive Director.

Purposes and Activities: (1) To promote research through a grant program and the treatment, education, and habilitation of persons with cerebral palsy. To subsidize through grants-in-aid professional training programs of all types related to the problem of cerebral palsy. (2) To further by professional and public education information concerning all aspects of the problem of cerebral palsy. (3) To promote better techniques and facilities for the diagnosis and treatment of persons with cerebral palsy. (4) To act as a source of information on law and legislation in the field of the handicapped, including those disabled by cerebral palsy. (5) To cooperate with governmental and private agencies concerned with the welfare of the handicapped. (6) To promote the employment of persons with cerebral palsy. (7) To solicit, collect, and otherwise raise funds and other property for the above purposes and for endowing and supporting facilities for the care, treatment, and study of persons with cerebral palsy. (8) To establish affiliates and to cooperate with them for the above purposes.

Periodicals: The Crusader, Annual Reports, Campaign Bulletins, Legislative Bulletins.

United Church of Christ, Council for Christian Social Action (1957); 289 Fourth Ave., New York 10, and 2969 West 25th Street, Cleveland 13; Rev. Ray Gibbons, Director, Rev. Huber F. Klemme, Associate Director.

Activities: The Council promotes consideration of current social issues in the Congregational Christian Churches and the Evangelical and Reformed Church, uniting the programs of the Council for Social Action and the Commission on Christian Social Action. It publishes and distributes literature on current social problems, formulates statements on crucial issues, participates in interdenominational and interagency social action conferences, and recommends programs of study and action to local churches and

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denominational boards and agencies. Its staff members are available for churches, Synods and Conferences. It is composed of 24 members elected by the General Synod of the United Church of Christ.

Periodicals: Social Action, 9 issues a year, \$2.00; and Christian Community (newsletter) 9 issues a year, 10 copies to one address, \$5 a year.

United Community Funds and Councils of America, Inc. (formerly Community Chests and Councils of America) (1918); 345 East 46th St., New York 17; Ralph H. Blanchard, Executive Director.

Membership: Community chests, united funds, and community welfare councils in over 1,500 communities in the United States and Canada, and 16 state affiliates.

Purpose and Activities: To assist in the development of community organization for health and welfare; and to give service and leadership to local community chests, united funds, and community welfare councils in joint financing, joint planning, and interpretation of social work through committee activities, research, correspondence, field visits, local studies, regional and national conferences, staff training institutes, and publications. The association sponsors conferences, institutes, and workshops for chest, council, united fund, and agency administrators and staff specialists. It sponsors jointly with the National Social Welfare Assembly the National Budget and Quota Committee which reviews the programs, budgets, and support plans of over 30 national agencies. The committee develops quota data to assist these agencies and local communities in achieving equitable patterns of local support for national services.

Periodicals: Community, monthly October through June, \$2.50 a year; and the weekly Executive Newsletter. Other publications and bulletins are issued on such subjects as campaigning, budgeting, health and welfare planning, personnel, labor participation, volunteers, research and statistics, public relations, et cetera.

United Hias Service, Inc. (consolidation of Hebrew Sheltering and Immigrant Aid Society, United Service for New Americans, and the migration services of the American Joint Distribution Committee, in 1954.) Carlos L. Israels, President; Murray I. Gurfein, Chairman, Executive Committee; James P. Rice, Executive Director. World headquarters and U.S. operations are located at 425 Lafayette St., New York 3. Regional headquarters for Europe and North

Africa are in Paris, France; for Latin America in Rio de Janeiro, Brazil; for Israel in Tel Aviv.

Purpose and Activities: A membership corporation organized under the laws of the State of New York, to provide the following services to Jewish migrants: pre-migration planning with emphasis on family reunion, assistance in obtaining immigration visas, visa documentation, consular representation and intervention, transportation, reception, sheltering, and aid in initial adjustment. In the United States, works through local community agencies to integrate the immigrant into American life through a planned program of resettlement. Carries on social adjustment, naturalization, and Americanization programs; provides protective service for aliens and naturalized citizens on deportation or denaturalization problems; assists in locating persons abroad for friends and relatives, and persons in this country sought by friends and relatives overseas; provides facilities to send funds to needy Jewish families in Israel through the Hias Immigrant Bank and CARE packages.

Periodicals: Special Information Bulletin, manuals, pamphlets.

United Israel Appeal, Inc. (1927); formerly United Palestine Appeal; 41 East 42d Street, New York 17; Dewey D. Stone, National Chairman.

Activities: The organization is the basic instrumentality through which Jews of the United States help to make possible the immigration and rehabilitation of Jewish immigrants to Israel and their absorption into the economic, social, and cultural life of the country. The United Israel Appeal is the major beneficiary of the United Jewish Appeal campaign. Funds thus obtained are directed to the Palestine Foundation Fund in Israel. The resources of the Palestine Foundation Fund, fiscal arm of the Jewish Agency for Israel, are utilized for the reception, relief, and rehabilitation of Jewish refugees in Israel including such activities and services on their behalf as housing, medical care, vocational training, rural and urban resettlement, etc.

Periodical: Israel Fotofacts, 6 issues a year.

United Jewish Appeal for Refugees, Overseas Needs and Immigrants to Israel (1939); 165 West 46th St., New York 36; Herbert A. Friedman, Executive Vice-Chairman.

Purpose and Activities: To provide funds for the American Jewish Joint Distribution Committee, the United Israel Appeal, and the New York

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Association for New Americans, which autonomously carry on their respective programs of relief, emigration aid, and rehabilitation in behalf of suffering Jews overseas; large-scale immigration and settlement in Israel; and aid to refugees in the New York City area. Since 1956, the UJA has been conducting special fund drives, over and above its regular campaigns, which provide additional aid to the agencies named above and to the United Hias Service. The organization is constituted on an annual basis by agreement of participating agencies and has served continuously since 1939 as their fund-raising body. It serves communities throughout the country in the organizing and conducting of local campaigns.

United Negro College Fund, Inc. (1944); 22 East 54th St., New York 22; W. J. Trent, Jr., Executive Director.

Membership: The Fund is the money raising agency of a group of 33 private accredited colleges. It conducts annual appeals in the interest of the operating budgets of these institutions. There are campaign committees in 120 communities across the country.

United Presbyterian Church in the United States of America, Board of National Missions, Inc. (1923); 156 Fifth Ave., New York 10; Dr. Kenneth G. Neigh, General Secretary.

Activities: The Board administers the missionary work of the denomination in this country. Included in its program are community centers, work among migrants, schools, hospitals, homes and services for children and for the aging, chaplaincies in institutions, and other types of social work. The National Presbyterian Health and Welfare Association is administratively related to the Board. The Board is elected by the General Assembly of the United Presbyterian Church in the U.S.A.

United Presbyterian Church in the United States of America, Department of Social Education and Action, Board of Christian Education, Inc. (1923); 830 Witherspoon Bldg., Philadelphia 7; Rev. Clifford Earle, Secretary.

Purpose: To develop in the Church a sense of responsibility for decisive action based on accurate information and Christian attitudes with reference to economic and industrial relations, war and peace, racial and group problems, family relationships, temperance, and other social questions; to present to the leaders in the Church

a practical and constructive plan of social education and action; to make available to leaders of all groups in the Church suitable materials for carrying on such a program; and to cooperate with other organizations and agencies in the promotion of these purposes.

Periodicals: Social Progress, monthly except January, May, July, and August, \$2.00 a year; miscellaneous pamphlets.

United Presbyterian Church in the United States of America, National Presbyterian Health and Welfare Association (1956); 156 Fifth Ave., New York 10; John Park Lee, Executive Secretary.

Membership: Open to any health and welfare agency related to the United Presbyterian Church in the USA. Potential membership includes 4 national boards, 102 neighborhood houses and community centers, 59 health agencies, 105 services to the aging, 17 services to children, and 73 institutional chaplains.

Purpose and Activities: To coordinate Presbyterian health and welfare activity, to counsel the Church on policy matters, to provide professional and spiritual fellowship, to develop and raise standards, to recruit and train personnel, to serve as a referral agency for the Church and others, to stimulate social action and research, to publicize and promote health and welfare work, and to provide better liaison with agencies outside the Church.

United Seamen's Service, Inc. (1942); 39 Broadway, New York 6; Otho J. Hicks, Executive Director.

Purpose and Activities: To serve the men of the American Merchant Marine in overseas ports, by operating residential and recreational clubs; by looking after the needs of ill, injured, or shipwrecked seamen who may need hospitalization, medical attention, and subsequent repatriation; by providing help, through trained workers, for seamen's personal problems; and in general to sustain and reinforce the morale of the men who man our merchant fleet by providing them with facilities overseas which contribute toward their good health and general welfare. At the close of 1947 all facilities in the United States had been discontinued, with the exception of the headquarters office in New York City.

United Service Organizations, Inc. (1951); 235-7 East 52nd Street, New York 22; Edwin E. Bond, Executive Director.

Membership: Individuals, 66; national organizations, 6.

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Purpose and Activities: To provide through a voluntary civilian agency responsible to the President of the United States and the Secretary of Defense a means through which the National Council of Young Men's Christian Associations, National Board of the Young Women's Christian Association, National Catholic Community Service, the Salvation Army, National Jewish Welfare Board, and National Travelers Aid Association may serve the spiritual, religious, social, welfare, and educational needs of the men and women of the armed forces, within or without the territorial limits of the United States (in peace or war). USO finances the armed services programs of its member agencies through voluntary contributions and coordinates their services to provide wholesome leisure-time activities for military personnel as requested by the Department of Defense. Originally incorporated in 1941. Reactivated in 1951 when merged with Associated Services for the Armed Forces.

Periodical: USO News, monthly.

United States Committee for the United Nations (1948); 375 Park Ave., New York 22; Theodore Smith, Executive Director.

Membership: National organizations, 125.

Purpose and Activities: To further understanding by the American people of the aims and achievements of the United Nations through sponsorship of annual United Nations Day and other public relations activities.

Periodical: Information Bulletin, monthly, \$1.00 per year.

United States Committee for UNICEF (1947); Room 1858, United Nations Bldg., New York 17; C. Lloyd Bailey, Executive Director.

Membership: 64 corporate, 1,000 associate. Membership in corporation determined by corporate membership who elect new members. Associate membership open to public on the basis of annual dues.

Activities: Projects such as the Trick or Treat Halloween for UNICEF, "Hi Neighbor," folklore books and records for young people, and the distribution of UNICEF greeting cards to enable citizens to learn about and assist the United Nations Children's Fund; information services including liaison with press, radio, television, and motion picture resources, publications, speakers bureau, and exhibits; consultation with

relevant agencies of the United States government and with other organizations concerning policies related to the work of UNICEF.

Periodical: News of the World's Children, 6 issues yearly, \$2.00 a year.

United States Committee of the International Conference of Social Work (1952); Room 1012, 345 East 46th St., New York 17. Melvin A. Glasser, Chairman.

Membership: Individuals, 1,500; organizations, 85.

Activities: The activities of the Committee derive from the International Conference of Social Work projects. As a National Committee of ICSW, the U.S. Committee conducts, stimulates, and directs discussion of international welfare and related issues by sponsoring meetings in conjunction with the Annual Forum of the National Conference on Social Welfare and by encouraging other groups (local, state, and national) to give attention to these subjects in their own forum activities; participates in planning the programs of the International Conference meetings, in developing the U.S. experience on the subjects under International Conference discussion and in seeking over-all constructive U.S. participation in the meetings, activities, and programs of the ICSW; and assists with fund raising and administrative problems related to ICSW, such as securing contributions for support, promoting and approving applications for membership in ICSW, assuring U.S. representation in ICSW planning and policy making.

United States Conference of Mayors (1932); 1707 H Street, N.W., Washington 6, D.C.

Membership: Cities of 30,000 population and over represented by their chief executives, 300.

Activities: The Conference provides an agency through which the larger cities of the United States can cooperate in the practical study of all municipal questions; devotes special attention to measures under consideration by Congress, which, if enacted, would vitally affect cities; interprets to federal legislators and administrators the current problems confronting cities; informs municipal executives of policies, rules, and regulations adopted from day to day by federal agencies concerned with matters of direct and vital importance to urban communities; provides an informational, research, and consulting service to municipal officials; and publishes research reports on all phases of municipal administration.

National Agencies—Voluntary

Periodicals: United States Municipal News, bi-weekly, \$2.00 a year; Annual Proceedings; Regional Conference Proceedings.

Volunteers of America, Inc. (1896); 340 West 85th St., New York 24; Gen. John F. McMahon, Commander-in-Chief.

Activities: Through its 471 service units operating in cities and towns throughout the United States the organization provides spiritual and material aid to those in need regardless of race, creed, or national origin. Spiritual services are offered through mission churches designed to provide opportunities for worship to the unchurched and through individual pastoral counseling. Both are interdenominational Protestant in character. Included in its social welfare services are emergency family relief programs, community centers, temporary housing for stranded families, day care centers, homes and clubs for young women employed away from home, homes for children, sunset clubs and homes for the aging, summer camps for mothers and children, maternity homes for unwed mothers, adoption services, men's service clubs, salvage and rehabilitation programs offering sheltered employment to the physically and psychically handicapped, housing and meals for transient men, and a prison program—called the Volunteer Prison League—which provides counseling for prison inmates, aid to inmates' families, and job placement and parole supervision to ex-inmates.

Periodical: Volunteer Gazette, monthly, \$1.50 a year.

Young Men's Christian Associations of the United States of America, National Council (1854); 291 Broadway, New York 7; Herbert P. Lansdale, Jr., General Secretary.

Membership: Organizations, 1,848 local Associations representing a membership of 2,527,607 individuals and 379,668 additional registered nonmembers.

Purpose and Activities: To minister to the needs of boys and young men, by giving them opportunities for greater self-development of body, mind, and spirit. A positive program is offered for the teaching of character-making ideals by the following means: promoting health education and physical activity; providing opportunities for intellectual self-improvement and culture; acquainting boys and young men with the teachings and ideals of Jesus; and providing wholesome social fellowship and economic, vocational, and citizenship education. The YMCA has as-

sisted in developing indigenous national organizations, since 1889, in 38 other countries and maintains advisory representatives in the Far East, India and the Near East, Europe, and Latin America

Periodicals: National Council Bulletin, 10 to 12 issues a year; Christian Citizenship, 8 issues yearly, \$7.00 a year; The Intercollegian, 9 issues yearly, \$2.00 a year; Y.M.C.A. Year Book and Official Roster, \$10 a copy.

Young Women's Christian Association of the United States of America, National Board; 600 Lexington Ave., New York 22; Edith Lerrigo, General Secretary.

Membership: Association work in over 1,800 communities and in more than 500 colleges and universities.

Activities: A membership organization, the YWCA of the USA endeavors to improve the mental and physical well-being of women and girls and to encourage their spiritual growth in keeping with Christian traditions. Any girl over 12 may become a member, regardless of her race, creed, or national origin. Participating in YWCA activities in this country are women and girls in business, the professions, industry, and agriculture; the Y-Teens; college students; YW Wives; and volunteers. Programs, varying in each community according to local resources and need, include clubs and forums; classes in homemaking, vocational training, health education; recreational opportunities through arts and crafts, music, and sports; and spiritual trends through religious observances and community service. The executive body for the organization is the National Board, which recommends program standards in fulfillment of policy and directs regional staff employed in the 4 community divisions and 9 student regions, which in turn advise local YWCAs on program and techniques. Through its Foreign Division and affiliation with the World YWCA, headquarters in Geneva, Switzerland, the National Board sends American advisory secretaries, grants for program and training leaders to more than 20 countries abroad, and emergency aid in answer to requests for YWCA work in other areas overseas. As a member of the World YWCA, the YWCA of the USA is affiliated with YWCA organizations or work in 69 other lands.

Periodicals: The YWCA Magazine, monthly October through June, \$2.50 a year; Bookshelf, 5 issues yearly, \$1.00 a year; National YWCA Bulletin, sent free to member Associations.

National Agencies—Voluntary

Ziegler—E. Matilda Ziegler Foundation for the Blind, Inc. (1928); Matilda Ziegler Publishing Co. for the Blind, Inc., publishers of the Matilda Ziegler Magazine for the Blind, Monsey, N.Y.: Howard M. Liechty, Vice President and Managing Editor.

Activities: These chiefly consist of the continuance of the Matilda Ziegler Magazine for the

Blind, which was founded in 1907, and has been sent since that time, free each month to any blind person in the United States and Canada who can read one of the systems—Braille, New York Point, and Moon—in which it is printed. The Publishing Co. also maintains a service whereby alarm clocks adapted for touch reading, and portable typewriters of standard manufacture, are supplied to blind persons at reduced prices.

CANADIAN AGENCIES

Note: In view of the inclusion of the article Canadian Social Welfare in PART TWO of this volume, it is thought that readers will find a brief directory of Canadian agencies useful. Accordingly a few selected national agencies, both governmental and voluntary, are here described.

In the following list the date appearing in parentheses after the title of the agency is the year in which the organization was established. Inclusion of "Inc." in an agency's name does not necessarily mean that it is part of the agency's official title, but merely that the agency is incorporated. In most instances the membership figures given in this list are approximate. If no membership restrictions are indicated for an agency, it may be assumed that its membership is open to the public. The list is believed to be accurate as of October 1959.

GOVERNMENTAL

Department of National Health and Welfare (1944); Copeland Building, Ottawa, Ontario; J. Waldo Monteith, P.C., M.P., F.C.A., Minister; G. D. W. Cameron, M.D., C.M., D.P.H., LL.D., F.R.C.P., Deputy Minister of National Health and Welfare (Health); G. F. Davidson, B.A., M.A., Ph.D., LL.D., Deputy Minister of National Health and Welfare (Welfare).

Purpose and Activities: The Department's duties, powers, and functions include all matters relating to the promotion or preservation of the health, social security, and social welfare of Canadians over which the federal Parliament has jurisdiction, and specifically include administration of the Family Allowances Act, Old Age Security Act, Old Age Assistance Act, Blind Persons Act, Disabled Persons Act, Unemployment Assistance Act, Hospital Insurance and Diagnostic Services Act, Food and Drugs Act, Opium and Narcotic Drug Act, Quarantine Act, Leprosy Act, Public Works Health Act, Proprietary or Patient Medicine Act, Part V of the Canada Shipping Act covering sick mariners and marine hospitals, and those clauses of the Immigration Act requiring medical inspection of immigrants; it administers a health services program to Indians and Eskimos and residents of the Northwest and Yukon Territories, is responsible for the provision of a health program for federal Civil Servants, and acts as an advisor to the Government and associated agencies on problems related to the health, safety, and comfort of airline personnel and passengers. It is also responsible for the health and welfare aspects of the Civil Defence program. The Department is empowered to enforce any public health regulations made by the International Joint Commission concerning boundary waters between the United States and Canada and to

conduct research into public health and welfare problems; it cooperates with the Provincial Governments in efforts made or proposed to improve public health and provide social security and welfare. It administers the National Health Grants program under which grants are made available to the Provinces for the improvement and extension of health services. Advisory and coordinating services are provided to the Provinces in the fields of occupational health, mental health, nutrition, dental health, child and maternal health, epidemiology, blindness control, hospital design, health education, public health engineering, nursing services, radiation protection, and medical rehabilitation.

The Department also has certain responsibilities relating to international health matters and provides information and assistance to the World Health Organization and other specialized agencies of the United Nations. It is assisted in its activities by a number of authorized councils, committees, boards, and other related health and welfare agencies.

Periodicals: Canada's Health and Welfare, monthly; Canadian Nutrition Notes, monthly; Occupational Health Bulletin, monthly; Occupational Health Review, quarterly; Canada's Mental Health, monthly; Dental Health Newsletter, intermittently; all free.

Department of Veterans Affairs (1944); Ottawa, Ontario; L. Lalonde, Deputy Minister.

Purpose and Activities: To administer the statutes enacted by the Parliament of Canada and orders of the Governor in Council relating to the care, treatment, training, or re-establishment

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in civil life of any person who served in the naval, army, or air forces of Her Majesty, any person who has otherwise engaged in pursuits relating to war, and any other person designated by the Governor in Council; and to the care of the dependents of any such person. The Department produces an annual report each year, and is the editorial headquarters for the Medical Services Journal, Canada, which it publishes jointly with the Departments of National Defence and National Health and Welfare.

Dominion Council of Health (1919); Copeland Bldg., Ottawa, Ontario; Dr. G. D. W. Cameron, Chairman.

Activities: The Council advises the Minister of National Health and Welfare regarding health matters which are the responsibility of the federal government, and acts as a focal point for achieving cooperation and coordination of federal and provincial governments in dealing with national health problems. The Council is composed of deputy ministers of each of the provincial departments of health and 5 members-at-large appointed by the Governor-in-Council.

National Parks Service and National Historic Sites Division, National Parks Branch, Department of Northern Affairs and National Resources; Ottawa, Ontario; J. R. B. Coleman, Director.

Purpose and Activities: To conserve the scenery and the natural and historic objects, and to provide for the enjoyment of the same in such manner as will leave them unimpaired for the enjoyment of future generations. These services are responsible for the administration of the 16 national parks, 20 national historic parks, and 574 historic sites in Canada.

Office of the Commissioner of Penitentiaries (1868); Justice Bldg., Ottawa, Ontario; Maj. Gen. R. B. Gibson, Commissioner.

Activities: The Office is responsible for the administration and operation of the 10 Canadian penitentiaries to which are committed all persons convicted in Canada with sentences of imprisonment for terms of 2 years or more.

Unemployment Insurance Commission (1940); No. 5 Temporary Bldg., Preston St. and Carling Ave., Ottawa, Ontario; E. C. Desormeaux, Secretary.

Activities: The Commission administers the Unemployment Insurance Act under which contributions are collected from employers and employees and placed in a fund, from which benefits are paid to insured qualified workers who lose their employment. The Commission also administers the National Employment Service which is engaged in finding suitable jobs for unemployed workers and suitable workers for employers. Entire costs of administering the Act are paid by the Dominion Government, which also contributes one-fifth of the total employer-employee contribution to the fund.

Welfare Division, Northern Administration Branch, Department of Northern Affairs (1956); Room 407, Kent-Albert Bldg., Ottawa, Ontario; W. Rudnicki, Chief.

Purpose and Activities: The Welfare Division is a federal government agency responsible for the development of welfare services in the Northwest Territories. It is developing services in the areas of public assistance, rehabilitation, child welfare, and community organization, in one of the largest geographical areas in the world covered by one agency—the Northwest Territories of Canada. The main ethnic groups served are Indians, Eskimos, and whites. In the field the work is organized according to regions and districts. The Eastern Arctic, including Baffin Island and the northern coast of the province of Quebec, is one region with the main office at Frobisher Bay. The second region embraces the Central Arctic, chiefly the west coast of Hudson's Bay and northward to Baker Lake and Back's River. The administrative center for this area is Churchill, Manitoba, the main seaport of the Hudson's Bay. The third region includes the area served by the Mackenzie River waterway and the Western Arctic coast and archipelago. Although the major emphasis of the Welfare Division is on meeting human needs in the Northwest Territories, a Hospital Services Section serves more than a dozen sanatoria and hospitals in southern Canada, assisted by an Eskimology Section which specializes in translation of Eskimo correspondence and renders interpreting services.

Periodical: Inuktitut, Eskimo language publication, quarterly, free.

VOLUNTARY

Anglican Church of Canada, The Council for Social Service, Inc. (1917); 600 Jarvis St., Toronto 5, Ontario; Rev. L. F. Hatfield, D.D., General Secretary.

Membership: Individuals, 122 Bishops, clerical and lay members (elected by dioceses).

Purpose and Activities: To arouse the ministry and members of the Church to their responsibilities in social, moral, and economic conditions. The Council conducts liaison work on national and local levels between Church, governmental, and voluntary welfare agencies. It carries on special activities in immigration work, penal institutions, mental health programs, etc.

Publication: The Bulletin, issued periodically, free.

Boy Scouts Association, Canadian General Council, Inc. (1914); 306 Metcalfe St., Ottawa 4, Ontario; Jackson Dodds, Deputy Chief Scout.

Membership: Individuals, 255,993; organizations, 10 provincial and numerous district organizations under the jurisdiction of provincial councils. Membership is open to any boy whose parents give consent.

Purpose and Activities: To develop good citizenship among boys by the following means: forming their character; training them in habits of observation, obedience, and self-reliance; inculcating loyalty and thoughtfulness for others; teaching them services useful to the public and handicrafts useful to themselves; and promoting their physical, mental, and spiritual development.

Activities are adapted to the following age groups: Wolf Cubs, for boys 8 to 11; Boy Scouts, for boys 11 to 18; and Rover Scouts, for boys 16 to 23.

Periodicals: The Junior Leader, monthly September through June, free to Troop Leaders and Patrol Leaders, 50 cents a year to others. The Scout Leader, monthly September through June, \$1.00 a year.

Canadian Arthritis and Rheumatism Society, Inc., The (1948); 900 Yonge St., Toronto, Ontario; W. O. Twaits, President; Dr. Arthur Bagnall, Chairman of Medical Advisory Board; Edward Dunlop, Executive Director.

Activities: These include the following: medical research through research grants and graduate research fellowships; medical education, through postgraduate clinical fellowships; assistance to existing general hospitals in the establishment of arthritis clinics; and operation of mobile physical therapy units to provide patients with home treatment. Bulletins and technical reports are issued from time to time. The Society has division offices in all Canadian provinces except Prince Edward Island and Newfoundland.

Canadian Association for Adult Education, Inc. (1935); 113 St. George St., Toronto 5, Ontario; Dr. J. R. Kidd, Director.

Membership: Open to both individuals and organizations.

Activities: The Association serves as a clearing-house and a coordinating agency for organizations and individuals working in adult education in Canada. It conducts a program of study and research; undertakes experiments, demonstrations, training projects, and institutes; and publishes a variety of material. It sponsors jointly with the Canadian Broadcasting Corporation a radio and television public affairs program, Citizens' Forum, and produces a series of study bulletins for the use of the Forum's listening and viewing groups across the country. Similar group techniques are used in National Farm Radio Forum of which the CAAE is one of four national sponsors. The Association's Joint Planning Commission, a central consultative body directly servicing over a hundred national organizations, calls three conferences a year to provide opportunity for organizations to confer and exchange information.

Periodical: Food for Thought, 8 issues yearly, \$3.50 a year.

Canadian Association of Social Workers (1928); 18 Rideau St., Ottawa, Ontario; Joy A. Maines, Executive Secretary.

Membership: Individuals, 2,200. Membership is limited to professional social workers meeting specified requirements as to training.

Purpose and Activities: The Association has been established to bring together professional social workers for the purpose of furthering their mutual interests and making more effective their efforts to contribute to the welfare of society, through the promotion of high standards of

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social work practice and of appropriate social action. The Association's purposes are: (a) to further activities appropriate to the strengthening and unifying of the social work profession; (b) to encourage the development of high professional standards; (c) to promote the well-being and development of its members as professional people; (d) to provide a means whereby the profession may take action on issues of social welfare; and (e) to carry on such other activities as may be deemed advisable.

Periodical: The Social Worker, 4 issues yearly, \$3.00 a year.

Canadian Camping Association (1936); 2233 Belgrave Ave., Montreal 28, Quebec; F. M. van Wagner, President.

Membership: Individuals, 600; organizations, 7 provincial.

Activities: The Association promotes camping interest in Canada, gives a limited service to its member provincial associations, attempts to interpret camping to the general public, and cooperates with government agencies interested in camping. Ten national committees are working on various phases of camping. The Association sponsors an annual conference or workshop.

Periodical: Canadian Camping, 4 issues yearly, \$2.75 a year.

Canadian Cancer Society, Inc. (1938); 800 Bay Street, Toronto, Ontario; Dr. R. M. Taylor, Executive Vice-President.

Membership: Individuals, 400,000; organizations, 2 national, 10 provincial divisions, and 170 local units with 500 sub-units.

Activities: The Society and its provincial divisions are primarily concerned with education of the lay public and with public welfare. In June 1948 the Society affiliated on an administrative level with the National Cancer Institute of Canada, which is primarily concerned with scientific research. The Society is additionally charged with the responsibility of raising funds by annual campaigns, not only for its own program but for that of the Institute also.

Periodical: Newsletter, monthly, free.

Canadian Citizenship Council (1940); 180 Bay St., Ottawa 4, Ontario; John P. Kidd, Executive Director.

Membership: 200 individuals, 60 national organizations, 15 state organizations, 30 local organizations.

Purpose and Activities: The Council is a service rather than an operating agency. It provides non-governmental national information and counseling services to members and non-members alike on matters pertaining to nearly all aspects of citizenship, and of immigration. It encourages, and when funds are available, sponsors research in these areas. It publishes pamphlets and other material, and frequently prepares or advises on the preparation of such material for other organizations. It constantly endeavors to stimulate an informed interest, and action, in all matters pertaining to citizenship.

Periodical: Citizenship Items, 5 to 6 times a year, free.

Canadian Conference of National Voluntary Health and Welfare Organizations (1949); 929 Bayview Ave., Toronto 17, Ontario; Mary A. Clarke, Secretary.

Membership: Organizations, 14 national. Membership is limited to voluntary organizations serving the whole of Canada.

Purpose and Activities: To provide a means of clearance, consultation, and action for the member national organizations on matters of common interest and concern; and to assist all Canadian people to attain the highest possible level of health and welfare services.

Canadian Conference on Social Work (1928); 55 Parkdale Avenue, Ottawa 3, Ontario; H. S. Farquhar, Halifax, N.S., President 1960 Conference.

Purpose and Activities: To hold a conference of Canadian social work organizations every 2 years where problems, developments, trends, etc., may be discussed. The Conference is usually held for a four-day period in May or June.

Periodical: Proceedings, biennially.

Canadian Corrections Association (a Division of the Canadian Welfare Council); 55 Parkdale Ave., Ottawa 3, Ontario; S. Rocksborough Smith, Chairman; W. T. McGrath, Executive Secretary.

Membership: Public and private agencies and individuals interested in prevention of juvenile delinquency and adult crime, and treatment of offenders.

Activities: Coordinating body for individuals and organizations interested in corrections, and public education in corrections. Sponsors meetings;

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publishes studies and educational material; publishes a bulletin.

Canadian Council for Crippled Children and Adults (1937); Suite 115, 31 Alexander St., Toronto 5, Ontario; Keith S. Armstrong, Ph.D., National Executive Director.

Membership: 10 provincial crippled children's societies and 4 cerebral palsy associations, each having 3 representatives. Membership is limited to provincial organizations interested in the welfare of the disabled whose policy of service is in keeping with the purposes of the Council.

Purpose: The dominant function of the Council, to the fulfillment of which the purposes and objects of its Charter shall be directed, is to endeavor to bring it about that adequate and efficient facilities are set up and maintained so that there shall be made available to all persons in Canada who are physically handicapped or disabled, the maximum assistance which may be possible under the circumstances.

The Council is affiliated with the International Society for the Welfare of Cripples and through this organization attempts to participate in the worldwide program for the improvement of services to the disabled.

Canadian Foundation for Poliomyelitis (1949); Room 705, 407 McGill St., Montreal, Quebec; A. C. Solomon, National Executive Secretary.

Membership: 10 Provincial chapters.

Activities: Patient care; rehabilitation; bursaries for the training of physiotherapists, occupational therapists, and speech therapists; transportation of patients to and from treatment centers; vocational training and retraining for handicapped; economic assistance; and provision of prosthetic appliances and equipment for hospitals and treatment centers.

Canadian Hearing Society; formerly National Society of the Deaf and the Hard of Hearing (1940); Suite 51, 2 Bloor Street East, Toronto 5, Canada.

Purpose and Activities: The Society exists for the purpose of helping the deaf and the hard of hearing in their problems connected with their impaired hearing. It provides for counselling for children and their parents and adults of all ages. Also, it gives competent otological and audiometric examination and offers general and specific advice regarding hearing aids. The Society has a

placement service, under experienced officers, for deaf children on leaving school and for deaf adults. The Society co-operates fully with all other welfare and health agencies and Government Departments.

Canadian Jewish Congress (1919); 493 Sherbrooke St. W., Montreal, Quebec; Saul Hayes, National Executive Director.

Purpose and Activities: As the recognized national representative body of Canadian Jewry, the Canadian Jewish Congress seeks to safeguard the status, rights, and welfare of Jews in Canada, to combat anti-Semitism, and promote understanding and goodwill between all ethnic and religious groups; cooperates with other agencies in efforts for improvement of social, economic, and cultural conditions of Jewry and mitigation of their sufferings throughout the world, and in helping to rehabilitate Jewish refugees and immigrants; assists Jewish communities in Canada in establishing central community organizations to provide for the social, philanthropic, educational, and cultural needs of those communities.

Periodical: Congress Bulletin, monthly, free.

Canadian Mental Health Association (1918); 11½ Spadina Road, Toronto 4, Ontario; Dr. J. D. M. Griffin, General Director.

Purpose and Program: A national voluntary association organized on a basis of provincial divisions and local branches with a coordinating national office. Its purpose is to establish and improve resources for the diagnosis and treatment of the emotionally sick and disabled, and to develop and improve preventive services. The Association's activities include the following: (a) public education, publicity, and special training of professional and lay groups in mental health; (b) voluntary visiting in the mental hospitals and psychiatric wards of general hospitals; (c) volunteer activity in rehabilitation work and staffing community mental health information and service centers; (d) consultation and technical advice regarding mental health to governments, schools, agencies, and industries; and (e) research and surveys on municipal, provincial, and national mental health problems. The scientific and technical aspects of the programs are guided by a National Scientific Planning Council.

Canadian National Institute for the Blind (1918); 929 Bayview Ave., Toronto 17, Ontario; Lt. Col. E. A. Baker, Managing Director.

Purpose and Activities: To ameliorate the condition of the blind and to prevent blindness. The

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Institute is recognized by the Dominion Government as the official agency representing the blind for purposes of pensions and concessions; and at the request of the Government has undertaken the training and rehabilitation of blinded servicemen. It is governed by a national council of voluntary members, a number of whom are blind. For administration purposes there are 7 divisions, each headed by a superintendent, 6 of whom are blind. The activities of The Institute include registration, eye service and prevention of blindness, social service, home teaching, employment and placement (including operation of cafeterias, canteens, newsstands, and sheltered workshops), training of homeworkers and sale of their products, maintenance of residences, and library service. A series of pamphlets on prevention of blindness is published free of charge.

Periodicals: The Courier (braille), monthly October through June, free; National News of the Blind (inkprint), twice yearly, free; The Rendezvous (braille), bimonthly; and The Dot—children's magazine (braille).

Canadian Public Health Association (1910);
150 College St., Toronto 5, Ontario; Dr. G. W. O. Moss, Honorary Secretary.

Membership: Individuals, 1755 organizations, 8 provincial. Membership is limited to those actively engaged in public health work.

Purpose and Activities: To advance public health by supplying the technical and scientific information required by health administrators, and by conducting studies, in the field of public health. Through its monthly journal, the Canadian Journal of Public Health, health workers are kept in touch with recent advances and improved methods. Annual meetings, presenting scientific programs, are held; and through the committees of the Association, Canadian authorities in various fields collaborate in studies. The Association also conducts a correspondence course in sanitary inspection and examinations for the "Certificate in Sanitary Inspection (Canada)." Its sections include: Epidemiology, Industrial Hygiene, Laboratory, Medical Care, Mental Hygiene, Public Health Administration, Public Health Dentistry, Public Health Education, Public Health Nursing, Public Health Nutrition, Sanitation, and Vital and Health Statistics.

Periodical: Canadian Journal of Public Health, monthly, subscription price for libraries, public health agencies, etc., Canada, \$3.00 a year, outside Canada, \$5.00 a year.

Canadian Red Cross Society, Inc. (1896); 95 Wellesley St., East, Toronto 5, Ontario; Dr. W. Stuart Stanbury, National Commissioner.

Membership: Individuals, 1,599,492 senior members and 1,304,662 junior members; organizations, 10 provincial, 1,205 senior branches, and 40,116 junior branches.

Activities: These include the following programs: arts and crafts and film service for veterans in Department of Veterans Affairs institutions; free blood transfusion services; Canadian Red Cross Corps; disaster services; National Enquiry Bureau; first aid; Junior Red Cross; nursing services including those in outpost hospitals; swimming and water safety; and women's work in the making of relief supplies.

Periodicals: Canadian Red Cross Junior, 9 issues yearly, and Alert, 4 issues yearly, 75 cents a year for the Junior and 10 cents an issue of Alert; Despatch, 4 issues yearly, and Newsletter, 7 issues yearly, both free.

Canadian Tuberculosis Association (1900);
265 Elgin St., Ottawa, Ontario; Dr. G. J. Wherrett, Executive Secretary.

Membership: Individuals, 500; organizations, 10 provincial and 200 local.

Purpose and Activities: To foster and encourage projects aimed at the control and eradication of tuberculosis. The Association is the central body through which medical and lay workers engaged in the control of tuberculosis are united. It organizes provincial and local associations and directs and sponsors the Christmas seal sale by which these branches are enabled to finance their programs; offers consultant service to provincial and local committees in planning and carrying out programs; publishes educational material on prevention and treatment of tuberculosis for doctors, nurses, teachers, patients, families of patients, and the general public; and publishes the Canadian Tuberculosis Bulletin, a quarterly which gives publicity to the meetings of medical groups especially interested in tuberculosis, accounts of programs which are proving successful in various parts of the country, and statistical data of interest to tuberculosis workers.

Periodical: Canadian Tuberculosis Bulletin, quarterly, \$1.00 a year.

Canadian Welfare Council (1920); 55 Parkdale Ave., Ottawa, Ontario; R. E. G. Davis, Executive Director.

Membership: Individuals, 1,150; organizations, 425.

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Activities: The Council is the national association of people and organizations interested in social welfare and the provision of services that are adequate in extent, of high quality, and soundly administered. It has 4 specific functions: to furnish technical advice and field service; to serve as a center for conference, cooperation, and planning, and in particular to correlate governmental and voluntary programs; to create an informed public opinion on welfare matters; and to promote study and action on social needs and problems. The Council works mainly through its 5 divisions of Community Funds and Councils, Corrections, Family and Child Welfare, Public Welfare, and Recreation.

Periodicals: Canadian Welfare, 6 issues yearly, \$2.50 a year; Bien-Etre Social Canadian, 5 issues yearly, \$2.00 a year; Directory of Canadian Welfare Services, biennially, \$2.50 a copy.

Canadian Youth Hostels Association (1934); 581 Spadina Ave., Toronto 4, Ontario; Merrill Denison, President; Charles A. Harris, Executive Secretary.

Membership: Individuals, 2,500.

Purpose and Activities: To help all, especially young people, to a greater knowledge, understanding, and love of the world and their fellow men; to provide for them youth hostels, bicycle trails, and footpaths; and to assist them in their travels both here and abroad. The Association plans trips for bikers, hikers, and canoeists; establishes hostels; arranges interprovincial and international tours by train, boat, and bicycle; and encourages folk dancing and nature study. Hostelling has no barriers of race, color, or creed.

Periodical: Haversack, annually, 50 cents a year.

Christian Social Council of Canada, Inc. (1919); 2 Spadina Road, Toronto 4, Ontario; Rev. Dr. W. J. Gallagher, General Secretary, Rev. Fred N. Poulton, Secretary.

Activities: The Council serves as the Department of Social Relations of the Canadian Council of Churches for cooperation of the Christian communions and associations in dealing with social questions and social problems. The Council comprises 45 officially appointed representatives of cooperating churches and national Christian associations.

Girl Guides Association, Canadian Council (1910); 125 Yorkville Ave., Toronto 5, Ontario; S. Dorothy Hooper, Executive Secretary.

Membership: Individuals, 177,449; organizations,

10 provincial and 932 local Associations (adult groups only).

Purpose and Activities: To develop good citizenship among girls by the following means: forming their character; training them in habits of observation, obedience, and self-reliance; inculcating loyalty and thoughtfulness for others; teaching them services useful to the public and handicrafts useful to themselves; and promoting their physical development. Guiding is a system of voluntary self-education through the practice of games and exercises planned for the purpose. Girls are thus prepared mentally, physically, and morally to fulfill the duties that lie before them as homemakers.

Periodicals: The Canadian Guide, 10 issues, \$1.00 a year; The Canadian Guider, 10 issues, \$1.00 a year.

Health League of Canada (1921); 111 Avenue Rd., Toronto 5, Ontario; Dr. Gordon Bates, General Director.

Membership: Individuals, 3,500; organizations, 60 national and 150 local.

Purpose and Activities: To promote personal and community health. Through its National Council the League establishes contact with more than 60 national associations represented on the Council as well as many municipalities which also appoint members, with the object of promoting popular education in the field of immunization, pasteurization of milk, nutrition, industrial health, venereal disease control, hygiene of food handling, child and maternal health, and other essential objectives in the health field. The League develops and distributes radio plays, promotes the distribution of health motion pictures, and prints and distributes large quantities of literature on many phases of health. National Immunization Week and National Health Week are national educational projects sponsored by the League in cooperation with national, provincial, and local departments of health, provincial and local departments of education, and many voluntary societies. Branches have been formed in British Columbia, Ontario, Quebec, and Saskatchewan. The League is the Canadian Citizens' Committee of the World Health Organization.

Periodicals: News Releases, issued in French and English weekly to all Canadian newspapers; Health (official organ of the League), 6 issues yearly, \$1.00 a year. Membership in the League, \$2.00 including subscription to Health.

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National Committee of Canadian Schools of Social Work (1945); L. T. Hancock, Director Maritime School of Social Work, Halifax, Nova Scotia, Chairman.

Activities: The Committee meets for discussion and interchange of information with a view to the strengthening of social work education in Canada. Its particular concern is to seek agreement upon questions regarding standards of education and training, admission requirements, content of curriculum, methods of recruitment, questions of budgeting and finance, forms of training to meet emergency needs, problems of research, etc. It also represents the member schools of social work in discussions with government agencies, professional associations, and other bodies. The Committee is composed of faculty members of 8 Canadian schools of social work.

National Heart Foundation of Canada (1956); 501 Yonge St., Toronto 5, Ontario; J. A. Chambers, Executive Director.

Membership: 300 individual, 2 national, 6 provincial.

Activities: Conducts a coordinated program of research support and education, both professional and lay, in the cardiovascular diseases in Canada. The research support is primary and is carried out through awards in both a fellowship and a grants-in-aid program.

Periodical: The Pulse, 4 issues a year, free.

Parks and Recreation Association of Canada, Inc. (1945); 77 Warden St., Mimico, Ontario; Mrs. G. Owens, Executive Secretary.

Membership: Individuals, 195; representatives of allied organizations as follows: 2 federal, 5 provincial, and 63 local municipalities.

Activities: An annual convention is held at which allied problems and individual problems are discussed, enabling each to learn from the experience of others. The Association's quarterly publication covers seasonal problems and offers suggestions toward the better operation of parks and recreation programs in Canada.

Periodical: Parks and Recreation in Canada, 10 issues a year.

Salvation Army, The (founded in 1865 in England, and 1882 in Canada); 20 Albert St., Toronto 1, Ontario; Commissioner W. Wycliffe Booth, Territorial Commander (for Canada and Bermuda).

Purpose and Activities: To reclaim the erring and suffering, particularly those not reached by

other religious efforts, through the Gospel of Jesus Christ and practical help. Activities include religious and social services at corps and outposts; assistance and guidance to prisoners and ex-prisoners; hospital and home visitation; and the operation of 4 general hospitals, 5 maternity hospitals, 15 rescue homes for girls, 4 receiving homes for girls and women requiring temporary shelter, 3 children's homes, 9 sunset lodges for aged women, 7 girls' homes with hospital units, 22 men's hostels, 22 industrial centers, 13 eventide homes for aged men, and 12 youth training camps. Other services include Christmas cheer for the needy, missing persons bureau, emergency relief, and war service activities for Canadian troops abroad. The organization maintains 1,304 corps and outposts, 106 social service institutions, 85 schools, and 2 training colleges.

Periodicals: War Cry, weekly, 10 cents a copy; Young Soldier, weekly, 3 cents a copy; Crest, youth magazine, 25 cents a copy; Home Leaguer, women's magazine, 15 cents a copy.

United Church of Canada, Board of Evangelism and Social Service, Inc. (1925); 711 United Church House, 85 St. Clair Ave., East, Toronto 7, Ontario; Rev. Dr. J. R. Mutchmor, Secretary.

Activities: The Board's functions include the promotion of preaching missions, visitation evangelism campaigns, communicants' classes, university Christian missions, and related undertakings. It is responsible for preparing and publishing suitable literature on the Christian faith including the Church's Statement of Faith, The Catechism, and devotional literature. The Board leads the Church in its witness to the Christian gospel on the moral, economic, social, and international fronts. Thus it has responsibility in such moral issues as temperance, gambling, and social purity and in such economic questions as Church and labor, housing, health insurance, and Christian citizenship. The Board has a Standing Committee on Church and International Affairs which reports biennially to the General Council of the United Church. Offices are maintained in Vancouver and Saskatoon.

Periodicals: United Church of Canada Year Book, annually, \$2.00 a copy; Board's Annual Report, 50 cents a copy.

Victorian Order of Nurses for Canada (1897); 5 Blackburn Ave., Ottawa 2, Ontario; M. Christine Livingston, B.S., Director in Chief.

Membership: Organizations, 120 local branches.

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Activities: The Victorian Order of Nurses for Canada is a national voluntary public health organization whose primary function is to provide bedside nursing care for the sick in their own homes on a visit basis. Patients are charged for each visit on the basis of an average cost which is computed annually, but there is a sliding scale and no one is refused service because of inability to pay. The service is available to all regardless of race, color, creed, or financial status. Nursing care is given only under the direction of a physician. General nursing care and special treatments are given to medical, surgical, chronically ill, and convalescent patients. Maternity service includes prenatal instruction, assistance at home confinements, and after-care to mother and baby which includes supervision of their health for a six-week period. Part-time industrial nursing is provided in a number of small industries. Prenatal classes, child health conferences, immunization clinics, and school nursing are carried on where not provided by an official agency. The staff consists of over 640 graduate nurses, most of whom have special training in public health nursing. Regional directors visit the branches regularly in a consultative and supervisory capacity, thus maintaining a high standard of service.

Y.M.C.A.s of Canada, The National Council of (1912); 15 Spadina Rd., Toronto 4, Ontario; L. Vipond, General Secretary.

Membership: Individuals, 128,771; organizations, 113 local Associations (in 1958).

Purpose: To assist and coordinate the work of its member Associations, and to cooperate with them and with other national and international agencies in the fulfillment of the purpose of the YMCA as a worldwide fellowship united by common loyalty to Jesus Christ for the purpose of developing Christian personality and building a Christian society.

Periodical: Bulletin, 4 issues a year, free.

Young Women's Christian Association of Canada (1893); 571 Jarvis St., Toronto 5, Ontario; Agnes Roy, Executive Director.

Membership: Individuals, 50,000; organizations, 52 local Associations. Membership is open to all girls and women irrespective of race, creed, or class.

Purpose: To build a fellowship of women and girls devoted to the task of realizing in their common life those ideals of personal and social living to which they are committed by their faith as Christians. In this endeavour all seek to understand Jesus, to share His love for all people, and to grow in the love and knowledge of God.

Periodical: YWCA Journal, 8 issues a year, \$1.00.

APPENDIX

LIST OF PERIODICALS

Note: The following list includes periodicals which appear in the bibliographies appended to topical articles in PART TWO. The publisher's name and address are given for each periodical other than United States Government periodicals. The latter may be obtained from the Superintendent of Documents, Government Printing Office, Washington 25, D.C. The reader is referred to PART THREE for periodicals published by agencies there listed.

- Adult Education.* Adult Education Association of the U.S.A., 743 North Wabash Ave., Chicago 11. Quarterly.
- Adult Leadership.* Adult Education Association of the U.S.A., 743 North Wabash Ave., Chicago 11. Monthly.
- Aging.* U.S. Department of Health, Education, and Welfare, Washington 25. Bimonthly.
- American Annals of the Deaf.* Conference of Executives of American Schools for the Deaf in cooperation with Convention of American Instructors of the Deaf. Gallaudet College, Washington 2. Bimonthly, September-May.
- American Bar Association Journal.* American Bar Association, 1155 East 60th St., Chicago 37. Monthly.
- American Foundations News.* American Foundations Information Service, 527 Madison Ave., New York 22. Monthly, September-June.
- American Journal of Corrections.* American Correctional Association, 135 East 15th St., New York 3. Bimonthly.
- American Journal of Medicine.* 11 East 36th St., New York. Monthly.
- American Journal of Mental Deficiency.* American Association on Mental Deficiency, P.O. Box 96, Willimantic, Conn. Quarterly.
- American Journal of Nursing.* American Nurses' Association, 10 Columbus Circle, New York 19. Monthly.
- American Journal of Orthopsychiatry.* American Orthopsychiatric Association, 1790 Broadway, New York 19. Quarterly.
- American Journal of Psychiatry.* American Psychiatric Association, 1270 Avenue of the Americas, New York 20. Monthly.
- American Journal of Public Health.* American Public Health Association, 1790 Broadway, New York 19. Monthly.
- American Recreation Society Quarterly Bulletin.* 1129 Vermont Ave., N.W., Washington 5.
- Americas.* Pan American Union, 17th St. and Constitution Ave., N.W., Washington 6. Monthly.
- Annals of the American Academy of Political and Social Science, The.* 3937 Chestnut St., Philadelphia 4. Bimonthly.
- Assembly Letter, The.* National Social Welfare Assembly, 345 East 46th St., New York 17. Monthly.
- Brethren Service News.* Brethren Service Commission, 1451 Dundee Ave., Elgin, Ill. Monthly.
- Bulletin of the American Protestant Hospital Association.* Room 640, 840 No. Lake Shore Drive, Chicago 11. Quarterly.
- Bulletin of the Association of State Conferences of Social Work.* 22 West Gay St., Columbus 15, Ohio. Issued irregularly.
- Bulletin of the Catholic University of America.* Washington 17. Quarterly.
- Bulletin of the International Social Security Association.* 154 rue de Lausanne, Geneva, Switzerland. Monthly.
- California Law Review.* School of Law, University of California, Berkeley 4. 5 issues a year.
- Camping Magazine.* American Camping Association, Bradford Woods, Martinsville, Ind. Monthly, November-June.
- Canada's Health and Welfare.* Department of National Health and Welfare, Ottawa, Ontario, Canada. Monthly.
- Canadian Hospital.* Canadian Hospital Association, 280 Bloor St. W., Toronto 5, Ontario, Canada. Monthly.
- Canadian Journal of Corrections.* Canadian Welfare Council, 55 Parkdale Ave., Ottawa, Ontario, Canada, Quarterly.
- Canadian Welfare.* Canadian Welfare Council, 55 Parkdale Ave., Ottawa, Ontario, Canada. 6 issues yearly.
- Catholic Charities Review, The.* National Conference of Catholic Charities, 1346 Connecticut Ave., N.W., Washington 6. Monthly, September-June.

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- Catholic Mind*. The America Press, 70 East 45th St., New York 17. Monthly.
- Channels*. National Publicity Council for Health and Welfare Services, 257 Fourth Ave., New York 10. Semimonthly, September-June.
- Child Development Abstracts and Bibliography*. Society for Research in Child Development, Purdue University, Lafayette, Ind. Three issues yearly.
- Child Study*. Child Study Association of America, 132 East 74th St., New York 21. Quarterly.
- Child Welfare*. Child Welfare League of America, 345 East 46th St., New York 17. Monthly, October-July.
- Children*. Children's Bureau, U.S. Department of Health, Education, and Welfare, Washington 25. 6 issues yearly.
- Children Limited*. National Association for Retarded Children, 386 Park Avenue South, New York 16. Bimonthly.
- Christian Social Relations*. Department of Christian Social Relations of the National Council of the Protestant Episcopal Church, 281 Fourth Ave., New York 10. Monthly.
- Community*. United Community Funds and Councils of America, 345 East 46th St., New York 17. Monthly, October-June.
- Community Development Bulletin*. Community Development Clearing House, University of London Institute of Education, Malet St., W.C.I., London, England. Quarterly.
- Community Development Review*. International Cooperation Administration, Community Development Division, Washington. Quarterly.
- Concern*. The Methodist Church, Box 871, Nashville 2, Tenn. Biweekly.
- Conference Bulletin*. National Conference on Social Welfare, 22 West Gay St., Columbus 15, Ohio. Quarterly.
- Congressional Digest*. Congressional Digest, Inc., 1631 K St., N.W., Washington 6. Monthly.
- Congressional Record*. U.S. Government Printing Office, Washington. Daily.
- Convention and Trade Shows*. See *Sales Meetings*.
- Current History*. Events Publishing Co., 108-10 Walnut St., Philadelphia 6. Monthly.
- Currents in Pennsylvania's Health and Welfare*. Pennsylvania Citizens Association, 1 North 13th St., Philadelphia 7. 4 issues yearly.
- Employment Security Review*. U.S. Bureau of Employment Security, Washington 25. Monthly.
- Exceptional Children*. Council for Exceptional Children, 1201 16th St., N.W., Washington 6. Monthly, October-May.
- Family Service Highlights*. Family Service Association of America, 215 Fourth Ave., New York 3. Monthly, October-July.
- Federal Prisons*. U.S. Bureau of Prisons, Department of Justice, Washington 25. Annually.
- Federal Probation*. U.S. Probation System in cooperation with U.S. Bureau of Prisons, Supreme Court Bldg., Washington 13. Quarterly.
- Fundamental and Adult Education*. UNESCO Publications Center, 801 Third Ave., New York. Quarterly.
- Group*. The American Association of Group Workers. Discontinued. See *Social Work*.
- Harvard Business Review*. Graduate School of Business Administration, Harvard University, Boston 63. Bimonthly.
- Hospital Management*. Clissold Publishing Co., 105 West Adams St., Chicago 3. Monthly.
- Hospitals*. Journal of The American Hospital Association, 840 North Lake Shore Drive, Chicago 11. Twice monthly.
- Humanist*. American Humanist Association, 117½ Glen St., Yellow Springs, Ohio. Bimonthly.
- Information Service*. Central Department of Research and Survey, National Council of the Churches of Christ in the U.S.A., 475 Riverside Drive, New York 27. Biweekly, September-June.
- International Labour Review*. International Labour Office, Geneva, Switzerland. Monthly.
- International Review of Community Development*. International Federation of Settlements and Neighborhood Centres, Piazza Cavigliari di Malta 2, Rome, Italy. 2 issues yearly.
- International Social Service Review*. U.N. Bureau of Social Affairs, Department of Economic and Social Affairs, United Nations Bldg., New York 17. Semi-annually.
- International Social Work*. International Conference of Social Work and International Association of Schools of Social Work, 345 East 46th St., New York 17. Quarterly.
- Jewish Community*. The Council of Jewish Federations and Welfare Funds, 729 Seventh Ave., New York 19. 4 to 6 issues yearly.
- Jewish Social Service Quarterly*. See *Journal of Jewish Communal Service*.
- Jobs in Social Work*. Social Work Vocational Bureau, 206 East 30th St., New York 16. Monthly except August.
- Journal of Counseling Psychology*. Student Services Bldg., Ohio State University, Columbus 10. Quarterly.
- Journal of Gerontology*. The Gerontological Society, Inc., 660 South Kingshighway Blvd., St. Louis 10. Quarterly.
- Journal of Insurance*. The American Association of University Teachers of Insurance, Texas Christian University, Fort Worth.
- Journal of Intergroup Relations*. National Association of Intergroup Relations Officials, 152 West 42nd St., New York 36. Quarterly.
- Journal of Jewish Communal Service*. National Conference of Jewish Communal Service, 150 East 35th St., New York 16. Quarterly.

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- Journal of Lifetime Living.* Lifetime Living, Inc. 570 Fifth Ave., New York 36. Monthly.
- Journal of Medical Education.* Association of American Medical Colleges, 185 North Wabash Ave., Chicago 1. Monthly.
- Journal of Psychiatric Social Work.* American Association of Psychiatric Social Workers. Discontinued. See *Social Work*.
- Journal of Rehabilitation.* National Rehabilitation Association, 1025 Vermont Ave., N.W., Washington 5. Bimonthly.
- Journal of Social Casework.* See *Social Casework*.
- Journal of Social Issues.* Society for the Psychological Study of Social Issues. Institute for Social Research, University of Michigan, Ann Arbor 27. Quarterly.
- Journal of Social Psychology.* The Journal Press, 2 Commercial St., Provincetown, Mass. Quarterly.
- Journal of Social Work Process.* Mrs. Grace Seeburger, Secretary, Virginia P. Robinson Fund, 2410 Pine St., Philadelphia 3. Annually.
- Journal of the American Geriatrics Society.* 2907 Post Rd., Warwick, R. I. Monthly.
- Journal of the American Judicature Society.* American Judicature Society, 1155 East 60th St., Chicago 37. Bimonthly.
- Journal of the American Medical Association.* 535 North Dearborn St., Chicago 10. Weekly.
- JWB Circle.* National Jewish Welfare Board, 145 East 32d St., New York 16. Monthly, September-May.
- Labour Gazette, The.* Department of Labour, Ottawa, Ontario, Canada. Monthly.
- Legal Aid Brief Case.* National Legal Aid and Defender Association, American Bar Center, Chicago 37. Five issues yearly.
- Letter from the President.* Council on Social Work Education, 345 East 46th St., New York 17. 3 times yearly.
- Letter to Members.* American Public Welfare Association, 1313 East 60th St., Chicago 37. 8 to 12 issues yearly.
- Louisiana Law Review.* University of Louisiana Press, Baton Rouge 3. 4 issues yearly.
- Marriage and Family Living.* National Council on Family Relations, 1219 University Ave., S.E., Minneapolis 14. Quarterly.
- Medical Social Work.* American Association of Medical Social Workers. Discontinued. See *Social Work*.
- Memo.* Washington Office, National Council of the Churches of Christ in the U.S.A., 122 Maryland Ave., N.E., Washington 2. Semi-monthly.
- Mental Hygiene.* National Association for Mental Health, 10 Columbus Circle, New York 19. Quarterly.
- Michigan Law Review.* Michigan Law Review Association, Ann Arbor. Monthly, November-June.
- Michigan Welfare Journal.* Michigan Welfare League, 484 Hollister Bldg., Lansing 8. Quarterly.
- Milbank Memorial Fund Quarterly.* Milbank Memorial Fund, 40 Wall St., New York 5.
- Monthly Labor Review.* U.S. Bureau of Labor Statistics, Washington 25. Monthly.
- NAIRO Reporter.* National Association of Inter-group Relations Officials, 152 West 42nd St., New York 36. 10 issues yearly.
- National Parent-Teacher.* National Congress of Parents and Teachers, 700 North Rush St., Chicago 11. Monthly, September-June.
- Nervous Child, The.* Child Care Publications, 30 West 58th St., New York 19. Quarterly.
- New England Journal of Medicine.* Massachusetts Medical Society, 8 The Fenway, Boston 15. Weekly.
- New South, The.* Southern Regional Council, 63 Auburn Ave., N.E., Atlanta. Monthly.
- NPPA Journal.* National Probation and Parole Association, 1790 Broadway, New York 19. Quarterly.
- NPPA News.* National Probation and Parole Association, 1790 Broadway, New York 19. Bimonthly.
- Nursing Outlook.* National League for Nursing, 10 Columbus Circle, New York 19. Monthly.
- Occupations: The Vocational Guidance Journal.* See *Personnel and Guidance Journal, The*.
- Ohio Citizen, The.* Ohio Citizens' Council for Health and Welfare, 167 East State St., Columbus 15. 5 issues yearly.
- Parent Education Exchange Bulletin.* Child Study Association of America, 132 East 74th St., New York 21. 5 issues yearly.
- Parks and Recreation.* American Institute of Park Executives, Oglebay Park, Wheeling, W. Va. Monthly.
- Pediatrics.* American Academy of Pediatrics, 1801 Hillman Ave., Evanston, Ill. Monthly.
- Personnel and Guidance Journal, The.* The American Personnel and Guidance Association, Inc., 1605 New Hampshire Ave., N.W., Washington 9. Monthly, September-May.
- Personnel Information.* National Association of Social Workers, 95 Madison Ave., New York 16. Bimonthly.
- Prison Journal.* Pennsylvania Prison Society, 311 South Juniper St., Philadelphia 7. Quarterly.
- Public Administration Review.* American Society for Public Administration, 6042 Kimbark Ave., Chicago 37. Quarterly.
- Public Health Reports.* U.S. Public Health Service, Washington 25, D.C. Monthly.
- Public Opinion Quarterly.* Princeton University Press, Princeton, N.J.
- Public Relations Journal.* Public Relations Society of America, 375 Park Ave., New York 22. Monthly.
- Public Relations Quarterly, The.* American Pub-

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- lic Relations Association, 1010 Vermont Ave., N.W., Washington, D.C.
- Public Welfare.* American Public Welfare Association, 1313 East 60th St., Chicago 37. Quarterly.
- Quarterly Bulletin.* New York State Welfare Conference, Capitol Sta. Annex Box 26, Albany.
- Quarterly Journal of Studies on Alcohol.* 52 Hillhouse Ave., New Haven, Conn.
- Race Relations Law Reporter.* School of Law, Vanderbilt University, Nashville, Tenn. 6 issues yearly.
- Railroad Retirement Board Monthly Review.* Railroad Retirement Board, 844 Rush St., Chicago 11.
- Recreation.* National Recreation Association, 8 West 8th St., New York 11. Monthly, September-June.
- Red Cross World, The.* American National Red Cross, 17th and D Sts., Washington 13. Quarterly.
- Rehabilitation Literature.* National Society for Crippled Children and Adults, 11 South La Salle St., Chicago 3. Monthly.
- Round Table.* National Federation of Settlements and Neighborhood Centers, 226 West 47th St., New York 36. 8 issues yearly.
- Sales Meetings.* 1212 Chestnut St., Philadelphia 7. 6 issues yearly.
- SCAA News.* State Charities Aid Association. Discontinued. See *SCAA Viewpoint*. Monthly.
- SCAA Viewpoint.* State Charities Aid Association, 105 East 22nd St., New York 10. Three issues a year.
- Sight-Saving Review.* National Society for the Prevention of Blindness, 1790 Broadway, New York 19. Quarterly.
- Smith College Studies in Social Work.* Smith College School for Social Work, Northampton, Mass. 3 issues yearly.
- Social Action.* Council for Christian Social Action, United Church of Christ, 289 Fourth Ave., New York 10. 9 issues yearly.
- Social Action Newsletter.* Department of Social Welfare, United Christian Missionary Society, 222 South Downey Ave., Indianapolis 7. Monthly, September-June.
- Social Casework.* Family Service Association of America, 215 Fourth Ave., New York 3. Monthly, October-July.
- Social Legislation Information Service.* 1346 Connecticut Ave., N.W., Washington 6. About 50 issues yearly.
- Social Missions Quarterly.* United Lutheran Church in America, Board of Social Missions, 231 Madison Ave., New York 16.
- Social Problems.* Brandeis University, Waltham, Mass. Quarterly.
- Social Progress.* Department of Social Education and Action of the Board of Christian Education, United Presbyterian Church in the U.S.A., Witherspoon Bldg., Philadelphia 7. 8 issues yearly.
- Social Security Bulletin.* U.S. Social Security Administration, Washington 25, D.C. Monthly.
- Social Service Review.* University of Chicago Press, 5750 Ellis Ave., Chicago 37. Quarterly.
- Social Work.* National Association of Social Workers, 95 Madison Ave., New York 16. Successor to *ASCO Newsletter and Checklist*, *Bulletin of the National Association of School Social Workers*, *The Group*, *Journal of Psychiatric Social Work*, *Medical Social Work*, *Social Work Journal*, and *Social Work Research Group Newsletter*. Quarterly.
- Social Work Education.* Council on Social Work Education, 345 East 46th St., New York 17. Bimonthly.
- Social Work Journal.* American Association of Social Workers. Discontinued. See *Social Work*.
- Social Worker, The.* Canadian Association of Social Workers, 18 Rideau St., Ottawa, Ontario, Canada. 5 issues yearly.
- Southern Hospitals.* Clark-Smith Publishing Co., 218 West Morehead St., Charlotte 6, N.C. Monthly.
- Southern School News.* Southern Educational Reporting Service, 1109 19th Ave., S. Nashville, Tenn. Monthly.
- Student Lawyer, The.* American Bar Association, 1155 East 60th St., Chicago 37. 5 issues yearly.
- Survey, The.* Survey Associates, Inc. Discontinued.
- Vital Statistics.* U.S. Department of Health, Education, and Welfare, Washington 25, D.C. Monthly.
- Volta Review.* Alexander Graham Bell Association for the Deaf, 1537 35th St., N.W., Washington 7, D.C. Monthly, September-June.
- Welfare Reporter, The.* New Jersey State Department of Institutions and Agencies, Trenton. Monthly.
- Wisconsin Welfare.* Wisconsin Welfare Council, 440 Washington Bldg., Madison 3. 6 issues yearly.

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Note: The index combines in a single alphabetical list the titles of articles in PARTS ONE and Two and cross references to subjects discussed in these articles. It is not a complete subject index of the contents of the articles. Agencies in PART THREE are not included in this alphabetical list. They are self-indexed by appearing alphabetically in the appropriate section of the Directories of Agencies: International Agencies, National Agencies—Governmental, National Agencies—Voluntary, and Canadian Agencies.

Among the cross references to topical articles are included a number of references to specific sections of these articles, indicating that the topic in question is discussed in the section mentioned. In these instances the title of the section is given and the number of the page on which it appears. However, where the title of the section is identical with the subject carrying the cross reference, the phrase "*See in*" is used instead of the section title. For example, the index entry "Old-age, survivors, and disability insurance. *See in* Social Insurance, 550" denotes that a section entitled "Old-Age, Survivors, and Disability Insurance" begins on the page indicated.

Agencies in PART THREE are mentioned under the topics (usually the titles of topical articles) to which their work is significantly related. For example, the Council on Social Work Education is listed under the titles "Education for Social Work" and "Social Work as a Profession," indicating that it is one of the agencies particularly active in these fields. Some agencies with a variety of activities will be found under several titles. All titles are used in the meaning given to them in the corresponding topical articles.

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